Single Truths from Many Doctors and Many Truths for Each Doctor

Ellingwood's Therapeutist

Finley Ellingwood MD
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Ellingwood's Therapeutist

A monthly Journal of Therapeutics; educational in character, issued on the 25th of the previous month; devoted to the determination of the exact action of single drugs upon exact conditions of disease. A Journal to which every subscriber is also a contributor, and in which the Subscriber and the Editor are working in the Closest possible relationship, to determine true and invariable drug action, for the benefit of the entire profession, and thus, Humanity.

OUR MOTTO: To learn the Truth. To prove the Truth. To apply the Truth. To spread the Truth.

OUR CREED: The Truth from all, for all, to all, without regard to the creed of the individual.

OUR FAITH: That all disease will ultimately be subdued, in whole or in part, by remedial measures;

That failure to cure disease is due to our lack of knowledge;

That Therapeutic nihilism is the deadly foe to Therapeutic progress;

That the study of the clinical action of the single drug, is the true method of drug study;

That each drug acts directly and invariably upon one or more exact conditions of disease, and must be so studied and known;

That with such knowledge perfected, we can immediately and successfully prescribe for conditions of disease with which we have not previously met.

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A MONTHLY JOURNAL OF,

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Vol. v MAY, 1911 No. 5

Leading Articles

LEUKEMIA

PROF. N. A. GRAVES, M. D., CHICAGO, ILL.

Leukocythemia is a disease of the blood which usually runs a chronic course and is associated with the changes in the spleen, lymph glands or bone marrow respectively or unitedly. The distinctive history of the disease dates back probably forty years, when Dr. Hughes Bennett described a case. Virchow about the same time noted the same group of clinical symptoms, and later Mosler showed that one form was referable to changes in the spleen, another to changes in the lymph glands and a third to changes in the bone marrow. This disease is called splenic, lymphatic, myelogemic or splenomyelogenic, according to the organ or group of organs involved. Mixed forms are of the most frequent occurrence. Authors differ much as regards frequency, but it probably occurs in about one out of 10,000 cases of sickness.

Etiology.-Neither race nor climate has any traceable influence on the disease. Age is an important factor, the great majority of cases occurring between the ages of 20 and 50. It is rare in youth and old age but may occur at any time.

Males are much more frequently affected than females, the proportion being about two to one. Osler reports seventeen cases, eleven in males and six in females. Birch-Hirschfield states that out of two hundred cases collected, one hundred and thirty-five were in males. Of the four cases I have seen, two were males. When in females it usually appears between thirty-five and forty. Malaria or a history of residence in a malarial district is of very frequent occurrence in tracing the cause.

Twenty-five per cent of the cases recorded by Gowers give a malarial history. Blows. over the spleen may be the direct causal factor. Any incident which produces a great impression on the nervous system may lead to its development. General unhealthful surroundings, depressing mental emotions and inanition predispose to leukemia as they do to other diseases.

Leukemia is not confined to man, but occurs in the lower animals, dogs, cats and guinea pigs, and only recently experimenters found in the organs of a dog that had died of leukemia a diplococcus which when injected into mice produced typical leukemia. The bacteriological cause of the disease, if it origi-

nates from such cause, is not determined.

Morbid Anatomy and Pathology.- The anatomical characteristics of leukemia include changes in nearly all the organs of the body, particularly in the spleen, lymph glands, bone marrow and blood, with subsequent changes in the liver, kidneys and other organs. The spleen is always enlarged and weighs from one to eighteen pounds. The enlargement is uniform, the shape being well preserved and the surface smooth. On cut section the surface is greyish red or brownish red. The malpighian bodies may be enlarged and appear as small growths, or occasionally they are decreased in size. Microscopically there is an increase of connective tissue and an absence of red blood corpuscles. A brownish pigment in the form of granules is seen in the framework of the connective tissue or in the cells.

The lymphatic glands are early affected and in the lymphatic variety constitute many distinct tumors in the cervical, axillary, inguinal and mesenteric regions. They are not usually in bunches as pseudo leukemia, but are alone, movable and soft and vary considerably in size during the course of the disease. In one of my cases there were several hundred of these enlarged glands distinctly palpable. The tonsils and lymph follicles of the tongue may be enlarged. A histological examination shows a general increase in the cellular elements. Hemorrhagic points are often seen.

The bone marrow may be whitish or dark brown in color, and pus like marrow with dark brown may be found side by side in the same bone. Microscopically, lymphoid cells and nucleated red blood cells are present in all stages of development. Mono and polynuclear leucocytes are also present. The capillaries and smaller vessels of the liver, pancreas and kidneys may be filled with leucocytes and no red cells be seen. The liver cells show degenerative changes. The heart and lungs and other organs of the body may show pathological changes. The blood is the most important tissue from a clinical standpoint, and a diagnosis of leukemia can only be made after a careful examination of it. In color it is usually pale, the alkalinity is diminished and the fibrin increased. Corresponding to the two important clinical types, the splenic-myelogenous and the lymphatic, we have two distinct blood conditions. In the first or splenic myelogenous the nucleated red cells are very numerous, even in the absence of anaemia. The diminution in red cells is very moderate, being about 3,120,000 per c.m. The haemoglobin is diminished.

The average number of white cells is 438,000 per c.m. Cases are recorded where the white cells outnumbered the red. The average is about one to seven. In one of my cases the first count gave one to eight. In another one to twenty-two. In a fresh specimen it is noticed that the white cells are not amoeboid, a point in distinguishing this from a leucocytosis. This is due to the fact that the myelocytes which form so large a proportion of the leucocytes do not possess the faculty of amoeboid motion. The distinctive blood characteristic of this form of leukemia is the enormous increase in the myelocytes. In lymphatic leukemia the red cells are more decreased, on an average being about 2,730,000, and nucleated red cells are a rarity.

There is oligochromemia.

The average number of leucocytes is about 141,000 per c.m., and a differential count shows about 90 per cent lymphocytes. Only by a blood count can we distinguish lymphatic leukemia from pseudo leukemia or Hodgkins' disease, for the clinical picture may be very simi-

lar, but the blood in Hodgkins' is normal, or shows a moderate leucocytosis, and the diseases are readily differentiated in this way. Transitions from Hodgkins' to true leukemia may occur.

Symptoms.-In splenic myelogenous leukemia the onset is usually slow, and the symptoms may not differ materially from anæmia. There is languor, dizziness, fainting spells, with palpitation, pains in the splenic region, with slowly increasing tumor. Haemorrhages may be present, epistaxis, hematemesis, hematuria, enterorrhagia, and if these occur increasing pallor.

The pulse is usually rapid, soft and compressible. A haemic murmur may be heard at the apex of the heart.

The bowels are usually constipated, but diarrhea may alternate with constipation. As the disease progresses syncopal attacks become more frequent, exhausting hemorrhages occur and the patient dies. Occasionally there is a period of seeming recovery, but after a varying time the improvement ceases and the patient grows rapidly worse. Lymphatic leukemia may run its course with few active symptoms, the patient's attention being called to his condition only by the increase in the glands. Hemorrhages occur in this variety also, and we may have all or few of the symptoms I have enumerated. Where the mixed myelogenous variety is present-there is pain on percussion over the sternum or long bones, and there may be swelling and irregularity.

Complications.-Fatal hemorrhages may occur at any time. Ascites, general oedemia, septicaemia, pyaemia, severe diarrhea are among the more frequent complications.

Prognosis.--This is unfavorable.

The usual time in the splenic or splenomyelogenic form is three to five years, while in the lymphatic the usual period of existence is three to eight or ten months.

Intercurrent affections often cause death.

Treatment.-We have no remedies which are curative. After a diagnosis is established the most we can do is to relieve distressing symptoms and prolong life. The remedies which have been used and which have given us the best results, are arsenic, ferrum, bone marrow or preparations of like character.

I have in the past two years seen four cases of leukemia, one of which was a case of true lymphatic leukemia. No direct causal factor could be traced in this case. It is probable, however, from the fact that he had a nervous disorder some time previous that this may have been the cause. A history of this case is given herewith, with the picture of the patient, showing enlarged glands in the inguinal and auxillary regions, and also a chart of the blood, which shows the enormous regions in the leucocytes, which, presenting the characteristics shown here, are known as lymphocytes.

Anamnesis. -Family history : Father dead ; drowned at 50; mother died at 90 ; one brother living; one died in infancy; one sister living. "No history of any chronic disease."

Personal History.-Married 22 years ; six children ; one child died at seven.

Occupation.-Carpenter.

Habits regular ; no tobacco; no alcoholics for three years; never used much before that time.

Previous Illness.—Diseases of childhood denied; pneumonia fifteen years ago; says he had hemiplegia at this time, affecting right side of face and arm principally. This condition gradually improved until at present it cannot be noticed.

Venereal denied ; measles last August.

Present illness : After recovering

from the measles he noticed an enlargement of the glands, first in the neck, afterwards in axilla and groin ; no pain or inconvenience. About three months ago says he took cold and had a severe cough, mostly dry ; there was pain in the abdomen, aggravated by motion; insomnia due to cough; little appetite.

At present he feels well; coughs but. little ; no pain in the abdomen; the enlarged gland in right groin causes some pain at times; appetite good; no insomnia.

Status Praesens.-General examination; mind clear.

Well nourished, but a little pale.

Eyes normal ; tongue negative.

A tumor on the left side of the face the size of a pigeon's egg, just below the ear; a somewhat larger one just anterior to this one, midway between angle of the jaw and point of chin.

Right side the same, except tumors are smaller. A number of still smaller ones can be seen upon the back of the neck and between the ears.

Small scars on lips and herpes.

Chest full, well formed; expansion good.

Many enlarged glands are found, the largest in the neck and axilla. These tumors are all firm and elastic to the touch; freely movable. They are scattered promiscuously, a great many in inguinal region.

Percussion of chest, heart and lungs reveals nothing abnormal. Liver dullness begins at sixth rib and extends down three and a half inches. Upon border of splenic dullness, eighth rib, lower border not defined.

Abdomen negative. Genitalia negative. Extremities negative.

Blood Examination.-Hemoglobin, 60 per cent ; white corpuscles, 122,500; red corpuscles, 2,549,000 ; W : R : : 1:22.

Microscopical Examination.-Lymphocytes largely in excess. Polynuclear neutrophiles and a few eosinophiles and basilophiles run here and there. The relation of lymphocytes to polymorphoneuclear : leucocytes : eosinophiles : myelocytes.

Some poikilocytosis, a few microcytes and macrocytes.

Blood Examination.-Hemoglobin, 63 per cent ; ,white corpuscles, 120,900 ; red corpuscles, 2,750,000 W: R: : 1:23.

Microscopical Examination.-Lymphocytes to polymorphonuclear leucocytes as eosinophiles are to myelocytes, 95 4.2 : :0.5x.

6-5-'98-L :P :: E. M.

Blood Examination.-Hemoglobin, 75 per cent ; white corpuscles, 83,900; red corpuscles, 4,221,000. W :R : :1 :50.

Lymphocytes (small) : Polymorphonuclear leucocytes as eosinophiles are to myelocytes. 95.6 :3.6 : :0.8 :0.

Highest temperature, 100; highest pulse rate, 110.

This patient was treated for some little time with considerable doses of Fowler's solution, with a notable increase in haemoglobin and decrease in the number of leucocytes. This case was supposed to be from clinical examination, a case of Hodgkins' disease, and a microscopical examination of the blood was essential for a differential diagnosis. The blood examination showed a decrease in leucocytes and the increase in erythrocytes and haemoglobin under arsenic.

Another case of considerable interest was a woman thirty-eight years of age, who had suffered from dyspnoea, palpitation of the heart, vertigo, loss of appetite, and general weakness and malaise for over two years. She had been unsuccessfully operated on twice for a lacerated cervix, the surgeon supposing this to be the cause of her condition. Examination showed a greatly enlarged

spleen and an enlarged and tender liver. There was a soft blowing systolic murmur heard over the apex of the heart. The blood examination showed the percentage of white to red blood corpuscles as 1:8. The condition was readily recognized as one of splenic leukemia. By the persistent use of blood-iron preparations she improved. The clinical evidences in many of this class of cases are sufficient to enable the careful diagnostician to determine the disease. It is sometimes impossible, however, without the microscopical examination, to determine positively the class of anemia or the severity, and a careful blood examination should invariably be made.

Of all the dispositions and habits which lead to political prosperity, religion and morality are indispensable supports. And let us, with caution, indulge the supposition that morality can be maintained without religion. Reason and experience both forbid us to expect that national morality can prevail in exclusion of religious principles.-George Washington.

PENETRATING WOUNDS OF THE ABDOMEN

PROF. E. J. FARNUM, M. D., CHICAGO, ILL.

Penetrating wounds of the abdomen may occur as the result of a stab, gunshot, the horn of a vicious animal, or by other violence, by which the abdomen is penetrated. On superficial examination the wound may appear to be insignificant; but, if any of the abdominal organs are wounded, the wound may prove fatal.

There may be no sympton, or evidence, by which we can certainly determine if any of the abdominal viscera is wounded. Pain can not be relied on. A bullet penetrating the abdomen may not wound the intestine, and yet the injury may be accompanied by shock; and, on the other hand, the intestine may be severely wounded, and the patient may walk several miles after being shot. The patient is always pale, pulse slow and compressible. Severe hemorrhage generally indicates a wound of the spleen, liver or kidneys, and we have growing pallor, rapid pulse, cold, clammy perspiration, dilated pupils, yawning, vomiting and sometimes syncope and convulsions.

A punctured, lacerated or incised wound may occur without protrusion of the viscera, but when this does occur it greatly aids the surgeon in determining the magnitude of the injury, and a more exact and intelligent line of treatment.

In penetrating wounds of the abdomen the primary danger is from shock. There may be light syncope or complete collapse. He may be immobile or be unusually excited and irritable; the pulse, respiration and temperature being depressed.

Where we have symptoms of shock we can almost always diagnose an internal hemorrhage. In many cases whether the wound in the abdominal wall is extensive or not, the hemorrhage and shock may be so slight that the patient does not realize his peril until the secondary danger arises.

If the wound in the intestine be sufficient to allow extravasation of its contents into the peritoneal cavity a fatal peritonitis is sure to follow and laparotomy is the only hope.

The secondary and greatest danger arising from penetrating wounds of the abdomen is peritonitis. Peritonitis results in nearly every case either from infectious matter carried by the instrument producing the wound, or extravasation from the wound in the viscera.

The treatment of a patient suffering from a penetrating wound of the abdomen should be conducted with the view, that however slight the external wound may appear, the probabilities are that

some of the viscera has been injured, and there is danger that a fatal peritonitis may arise.

To place the patient in a recumbent position as soon as possible and get him quiet should be the first effort of 'the surgeon. Probing the wound in the abdomen is fraught with danger on account of infection, and should not be done. Nothing of value can be determined by the procedure. If the patient is seen soon after the injury, no time should be lost in preparing him for laparotomy, provided it is decided to be necessary, as the danger of peritonitis is great and an early operation is a preventive, if it does not certainly remove the danger.

In case an operation is demanded the preponderance of opinion is in. favor of operation at once, if the patient is seen within six hours of the receipt of the injury. It is estimated that by this time adhesions will have formed so as to localize the peritonitis, and increase the chances of recovery; or that the patient's condition will have become so grave as to make it certain that laparotomy will be followed by a fatal peritonitis.

It is estimated that seventy-five per cent of cases recover if operated on within two or three hours from the time the injury was received. It has been found that gunshot wounds of the abdomen received, on the battlefield are less liable to terminate fatally than similar injuries in the case of civilians. The active life of the soldier is thought to be favorable to recovery. In civil cases alcoholics do badly, though most injuries of this character are received in drunken brawls.

Stab wounds are less dangerous than gunshot wounds. They get well with-; out operation in a large proportion of cases. T. A. McGraw (Medical Record, 1889, p. 604) reports two cases of gunshot wounds of the, abdomen which show the danger of operating after adhesions have formed which might have so localized the peritonitis as to have made recovery probable had no operation been performed.

Case 1. Was operated on fourteen hours after the accident. Adhesions of the intestines to the abdominal wall were formed, making a cavity containing extravasated feces. The patient died fourteen hours after operation.

Case 11. Operation four hours after injury was received. Adhesions broken up. Died.

While the point is not decided, these and other reports go to show that by delaying the operation the danger is greatly increased; and, if the patient is not seen before peritonitis is set up, an operation is of questionable advantage.

The first aid in penetrating wounds of the abdomen should be to wash the wound with water containing carbolic acid or other antiseptic, and apply a sterile dressing held in place with adhesive plaster. The patient should be moved into a convenient place ; and, if found favorable, be prepared for laparotomy. He and his friends should have the magnitude of the operation explained to them, and their consent obtained.

In all cases the patient's bowels should be washed out by using a large quantity of soap and water; following this normal salt solution should be introduced into the bowels as high as possible through a rectal tube. The stomach should be emptied by means of the stomach tube.

If there is much prostration give strychnine 1-30 grain hypodermically, and whisky, two ounces, warm water, four ounces, per rectum, before commencing the anesthetic ; with external heat before and during the operation. Have a supply of compresses, towels and several gallons of normal salt solution.

The whole abdomen must be made aseptic in the usual way.

As a rule the median incision is best in gunshot wounds, and in stab wounds at the point of the injury; in other cases the surgeon must be governed by circumstances. The median incision admits of the most thorough examination of the viscera and peritoneal surfaces. Having opened the peritoneal cavity and instituted a careful search for injuries, care must be taken to prevent extravasation of fecal matter.

If we reach the case too late for laparotomy and find a circumscribed peritonitis there is a possibility that an abscess may form and be eventually opened and drained. In case of multiple perforation of the intestine where the intervening gut is not more than three feet long enterectomy may be done, and the continuity of the canal restored by circular enterorrhaphy with the Czerny-Lambert suture. Here the intestine is better tied with a strip of sterile gauze than clamped to prevent extravasation of feces. In some cases of multiple wounds it may be advisable to stitch the gut to the abdominal wound and form a fecal fistula, depending on restoring the continuity of the canal by a subsequent operation.

If on opening the abdomen in recent cases we find infectious material well distributed over the peritoneal surfaces we may wash it away with normal salt solution; which will have the additional effect of a vital stimulant in restoring the patient suffering from shock and loss of blood. If the infectious material is localized it may be carefully wiped away with moist towels.

If the peritoneal cavity has been satisfactorily cleansed, and the wounds in the viscera sutured, the abdominal incision may be closed without drainage. However, in all cases where there has been fecal extravasation into the peritoneal cavity it is best to establish drainage; in a word, where there is doubt, drain.

In gunshot wounds of the intestine, if the bullet is small, scarcely any of its contents escape. The valvular-like opening is immediately closed by contraction of the mucous coat and peristalsis is temporarily stopped by paralysis, all of which is favorable to recovery without operation.

When the wound is below the line of the umbilicus we may certainly calculate on finding multiple perforations; and, again, if we have symptoms of hemorrhage-rapid, feeble pulse, great pallor, sighing respiration and other symptoms of profound shock, laparotomy is the only means we have of saving life. On the other hand, when so much time has elapsed that a fatal peritonitis already exists, laparotomy is unavailing.

A case presenting these difficulties is reported by Dr. Dickinson, Surgeon U. S. Navy (Medical Record, 1890, p. 345).

Male, aged 21, was shot, the bullet entering half an inch below and to the left of the umbilicus. When seen his pulse was 120 to 140; respiration 30. No bleeding from wound. Urine drawn and found normal. Vomiting glairy mucus. Shock. Hot bottles to feet. Gave morphia one fourth grain, hypodermically. Stupor, weak, pulse continued rapid. Laparotomy three hours after injury. Condition alarming. Respiration 60, pulse 180. Quit operating. Mesenteric artery wounded and bleeding. Twelve punctures of intestine found and two missed. Abdominal wound closed. Became perfectly conscious but died of heart failure on the morning of the second day. He was sufficiently restored, however, by the operation to be able to make a will and give testimony as to the shooting. Without the operation he

would have died from hemorrhage from the mesenteric artery.

In suturing punctures in the intestine it is only necessary to bring the serous surfaces together with about six sutures to the inch, allowing them to go deep enough to include the fibers of the submucosa, using an ordinary sewing needle and fine pure silk.

In cases of hemorrhage so profuse that its source cannot be located, have an assistant put his hand into the abdominal cavity and press on the abdominal aorta below the diaphragm. This will stop the hemorrhage long enough to ligate the vessels ; or, if not amenable to ligation, long enough to pack with sterile sponges of gauge. Each of these sponges must be so placed as to allow the end to hang out of the abdominal wound for drainage and to facilitate their removal.

The original wound should be thoroughly cleansed and closed with sutures if large enough to require them. As a rule the patient should receive nothing at all by the mouth after the operation, as there is a tendency to vomit, and if there is nothing in the stomach this tendency is lessened.

There is always intense thirst in penetrating wounds of the abdomen and after laparotomy. Ice should not be given, as it makes more thirst and tends to make the mouth sore. As it is difficult for these patients to retain even water in the stomach, the free use of salt solution introduced high in the colon supplies the demand well and serves as a stimulant. Keeping the stomach empty favors absorption of effusion in the peritoneum.

On the second day hot water can be given per mouth, in small quantities, and in some cases a little iced champagne. On the third day give sulphate of magnesia, a drachm every hour till it operates freely. A turpentine enema will tend to relieve flatus. A rise of the pulse indicates danger ; a rise of temperature not so. Cases have recovered after a temperature of 105 degrees; but a rapid pulse portends a fatal termination of the case. Even if the operation is performed early, cases with this symptom are unfavorable.

I have grown to believe that the one thing worth aiming at is simplicity of heart and life; that the world is a very beautiful place; that congenial labor is the secret of happiness.-A. F. Benson.

"SHOCK OR COLLAPSE FOLLOWING LABOR"

D. D. LASS, M. D., OCHEYEDAN, IOWA.

Authors do not seem to agree as to definition of the above. Butler in his Diagnostics of Internal Med., 3d edition, page 167, says: Shock or Collapse,-although these terms are ordinarily considered to be synonymous, the useful clinical distinctions drawn by Schrady should prevail, whereby collapse should imply sudden prostration occurring in cases not distinctly surgical as in irritant poisoning or intestinal perforation; while shock is limited to a similar condition resulting from accidental or surgical traumatism.

Da Costa in his Modern Surgery, 5th edition, page 239, says : The term collapse is used by some to designate a severe condition of shock, and is employed by others as a name for a condition of shock produced by mental disturbances rather than by physical injury. Crile of Cleveland, Ohio, regards collapse as inhibition of the vaso-motor center in contrast to shock, which is exhaustion of the center. As a matter of fact, shock and collapse are often both present. As to the causes of collapse, there may be

(a) Internal hemorrhage.

(b.) Various infectious diseases.

(c) Lesions of heart and lungs.

(d) Diseases within abdomen.
(e) Narcotic or irritant poisons.
(f) Traumatism, i.e., rupture of one of the viscera.
(g) Inversion of uterus.

The symptoms are the following: Pallor, anxious expression, yawning, air hunger, imperceptible pulse, intense weakness, and intact or impaired intellection. The above symptoms may develop rapidly or slowly depending on the resisting power of the patient. The object of writing this paper is simply to impress upon the general country practitioner that the ordinary treatment of shock (as Prof. Hirst in his obstetrics, last edition says), heat externally and stimulants hypodermatically are not such panaceas as have been claimed.

I can best bring out my fact for this year, by the following case report and with Crile in his masterly essay on shock and collapse, say that strychnine hypodermatically for the raising of blood pressure has been greatly over rated. Mrs. W., aged 18, married, fell in labor sixteen months ago, at which time I saw her for the first time. Found her to all appearances a strong and healthy person. She had escaped the usual morning sickness and had done all her work which usually falls to the lot of a farmer's wife. On examination found L. O. A. presentation, pains good and labor normal in every respect. Child born in five hours and placenta delivered in fifteen minutes.

About five minutes after placenta delivery a sudden state of collapse supervened. Internal hemorrhage, of course, was suspected; but found the uterus firmly contracted and not over two ounces of blood lost. Here was a condition which in my twenty-three years of practice, I had never met with before. Patient in extreme pallor, no pulse at the wrist, yawning constantly, cold to the touch, but no sweat, neither loss of consciousness. As Hirst gives it, external heat and strychnine, nitroglycerine, digitalin, brandy, were given hypodermatically and they were given with a free hand, i. e., in full doses; but it was three hours before I had a pulsation in the radial artery again.

This patient did not sweat but it is needless to say that I did. After three hours blood pressure arose, womb remained contracted and I departed with a firm resolve should I ever be called there again I would surely be better prepared to meet such an emergency through which I had just passed.

This patient lives eight miles from town and no telephone in her house. Just fifteen months after the events just narrated I was driving past this patient's house, having made a medical call at a neighbor's house; I was called in, as Mrs. W. was having "cramps." To make a long story short, found her in labor, and myself only in possession of my medical case. At the first labor had the "assitance" of a neighbor lady, but this time only the husband and a howling fifteen-month-old baby, who had been permitted to nurse his mother up to the very hour I stepped into the house and he was crying for his dinner. Labor normal again, in three hours child No. 2 was born, placenta followed in fourteen minutes and her collapse followed promptly also, worse than at first labor; for now she was extremely thirsty, would lose consciousness for a minute frequently, and had a leaky skin. No pulse, respiration rapid, restless, and in fact, all the signs of internal hemorrhage. But the uterus was firmly contracted and not over four ounces of blood was lost. Oh,

for my Adrenalin bottle which I had so carefully placed in my obstetrical satchel, but which was eight miles away. Only strychnine and nitro-glycerine with me, they were faithfully tried but no results obtained. And during the fourth hour after delivery I sent the husband for a fountain syringe to a neighbor one mile away. He ran all the way and made record time. On arrival I prepared one quart normal saline solution and gave an entroclysis, and presto, in five minutes I had a radial pulse only to fade away again in twenty-five minutes. I gave a second injection of the saline solution with permanent results.

The lessons learned are that a hot normal saline solution beats strychnine and notro-glycerine for the raising of blood pressure. In some cases, I am glad to say, that Crile of Cleveland, indorses the facts above stated. It is now two weeks since my last case and am happy to state that my patient is up and doing her housework as of yore.

"He who reigns within himself, and rules passions, desires and fears, is more than a king."-Milton.

INTRACTABLE SCIATICA

J. E. SMITH, M. D., MT. CARMEL, ILL,

About thirty years since, I observed a young man going about town on crutches. After some months had passed, I asked him what was the matter, he replied: "The doctors call it sciatica." After considerable time had passed, his employer. told him to try that quack. (That was what we eclectics were called at that time.) He came on crutches to my office.

I stripped him and examined him thoroughly, measured and compared his thighs and legs. I found the diseased thigh considerable smaller, knee somewhat stiff and bent or pitched forward. The thigh was very tender and painful along the course of the great sciatic nerve. The flexor muscles seemed to suffer most.

He was a laboring man about five feet nine inches in height, weight in health about 145 pounds. I think he had exposed himself to inclement weather while working at saw-milling.

There was some fever, almost constant pain, at times very severe; mucous membrane of the mouth dark; tongue coated with brown substance; bowels were sluggish, notwithstanding he had had plenty of calomel.

I prescribed the sedatives indicated in the case. I gave him nitro muriatic acid diluted. Also a solution of sulphate of strychnine 1/50 gr. to the drachm, one drachm at a dose and four or five doses a day.

For cupping-glasses I used quinine bottles. I would set a row of them from near the trochanter to near the popliteal space. I would exhaust the air in them by a burning taper, or dipping the bottle in hot water. I would keep them pulling for an hour and a half at one sitting, every second day. The bowels were regulated with podophyllin and nux-granules.

At the end of a week's treatment he showed improvement, in three weeks he put away his crutches, and has never been afflicted with sciatica since, that I know of.

On the morning of June 25, 1905, I met Rev. Mr. S. on the street. After the morning greeting, I asked him how he was getting on (for I had observed him for weeks using crutches). He replied, "bad enough, bad enough." Then he turned to me and said, "It's very strange you doctors do not do me any good." I retorted by saying, "you do me an injustice brother; I have never examined you, much less prescribed for

you. Possibly I might have benefited you, if I had had the opportunity with your case that others have had."

That afternoon I visited him at his home, and stripped and examined him. By measurement the diseased limb was found to be very much smaller than the well one. The biceps, semitendinous and semimembranosus muscles were smaller than in the well leg, and very tender on deep pressure, very painful, allowing very little rest. His tongue was about normal in size and shape, the surface covered with a thin layer of grayish-white substance (just the kind of a tongue that calls for acetate of potassium). He had very little fever, was moist at times, pulse rather broad and lacked, volume.

The internal remedies were; Acetate of potassium 3 drachms to 4 oz. of water, teaspoonful every two hours in wine glass of water. Sulphate strichnia tablets 1/50 gr. four times a day.

I had him take easily digested diet. To keep his bowels open, I had him use a tablet composed of podophyllin, 1/4 gr. ; leptandrin, 1/2 gr. ; nux vom., 1/8 gr. ; capsicum,1-16 gr; one, two or three at bed time as needed.

I at once placed him in a prone position and with quinine bottles as cupping-glasses cupped his thigh along the course of the great sciatic nerve, from near the hip joint to the popliteal space. I would have as many as five or six pulling at once, and continued the pulling an hour and half or two hours each alternate day. There might have been some other remedies used that have slipped my memory, but they are of small consequence, compared to the ones reported. My books show that three weeks found him so much improved he laid aside his crutches and used them no more while he stayed here.

I am unable to say whether the shrunken muscles filled out. He left our city a few months after and went to Chicago. I have my doubts about the muscles regaining their usual size, on account of his age, which was about 55 or 60 years.

The two cases I have reported, are not all, but probably the worst cases I have treated.

ACUTE PULMONARY CONGESTION

WILLIAM HILL, M. D., ROCHESTER, IND.

The patient, a young farmer, twenty years of age, suffered from a very abrupt attack of acute pulmonary congestion. I found the condition grave in the extreme. The pulse, however, was but 120 and was full and strong, but the hands and feet were cold, although the temperature was high. The face and neck were dark red; the tongue was red and dry; the breathing was shallow, rapid and difficult. There was dullness on percussion over the larger portion of the pulmonary surface. There were strong mucous rales, and the patient was very restless. So rapidly were the unpleasant symptoms increasing, that a prognosis of more than twenty-four hours, would seem to be unjustified.

Every indication for veratrum was plainly present, but in order to equalize the circulation and produce free action from the skin I made a decoction of asclepias, two ounces to the pint, and gave half of a glassful every half hour. I applied hot packs over the chest and back, as hot as could be borne, changing as often as necessary to keep them intensely hot.

I began with two drops of Norwood's tincture of veratrum and increased a drop every hour until I induced some nausea, and reduced the

pulse to less than eighty beats, which was about ten hours.

The respiration seemed to be obstructed by tough phlegm or mucus which we were actually obliged to draw from the mouth and throat-a tough, heavy exudate. At one time the crisis was marked and the depression was so great that we kept up artificial respiration until we succeeded in removing a large quantity of this exudate, almost a pint in quantity.

He then breathed more easily, but was very pale and feeble. The pulse was below normal, respiration much slower, but very feeble. I then gave him three grains of powdered capsicum in a little diluted brandy every ten minutes for half an hour. The powerful, local stimulating effect of the capsicum with the general influence of the brandy quickly produced a normal reaction.

The color of the skin became normal, the breathing increased in depth, the extremities became warm and the patient showed much improvement. I then removed the hot compresses from the chest, applied turpentine and vaseline and wrapped the patient in hot blankets with dry heat to the extremities, and gave him to drink half of a pint of hot oat meal gruel, strained.

When I left the patient after twelve hours, I ordered three grains of quinine and two grains of capsicum in a capsule every three hours as long as the temperature and pulse did not rise much above normal, and as long as the condition of the skin was soft and moist. I visited him the next day and found all symptoms in a very favorable condition with considerable freedom of respiration, and the lungs rapidly clearing. I made only three visits in all and on the eighth day the patient went to work with no return of the symptoms.

"He is rich or poor according to what he is, not according to what he has."-Beecher.

TACHYCARDIA

J. S. NIEDERKORN, M. D., VERSAILLES, OHIO.

I assume that physicians usually manifest extraordinary interest in cases which present unusual features and who apply for relief. Certain it is that cases frequently appeal to us for alleviation which not only are very different in their clinical aspect from the cases found in an everyday routine work, but also require deep and serious consideration on the physician's part if he really desires to be of any beneficial assistance in mitigating or curing the condition before him.

In the case which I am to relate, the term tachycardia probably fairly well describes in a manner the situation, only that the term in itself is not sufficiently complete to portray fully the specific features I wish to set forth.

By the term tachycardia usually is meant an excessive rapidity of the heart's action, with or without palpitation, usually with a small, weak and easily compressed pulse, and, too, without making any reference to whether or not the case runs any temperature.

My case not only had the extreme, excessive rapidity, but the heart's action was violent, vehement, with forcible impulse, pulse 140, full and strong, face flushed, carotid pulsations exceedingly prominent ; had an harassing cough; and, too, it was evident that this strong and excited heart's action was distressing to the patient, for he could satisfy himself nowhere, sleep was almost impossible, was extremely nervous, excitable, and looked to be in

the miserable condition he said he felt.

On inquiry, I learned that this condition had existed with practically no abatement for over six months; had been treated by three physicians, but neither of them afforded even the relief to secure one night's undisturbed sleep. One said the condition was due to acute cardiac dilatation; the other said that in addition to an enlarged heart, he also had incipient pulmonary tuberculosis. "Doctor, I am not satisfied; what is the matter with me? Can you help me ?" There you are-the matter abruptly and squarely put up to me. And that brings us to the consideration of the probable causative factors of the condition commonly known as tachycardia.

It we will except the results of excesses and condition due to organ reflexes, in my opinion, the most common cause is auto-intoxication-a condition of affairs certainly responsible for much that seems mysterious to us relative to human ailments.

Carefully examining the case before me, I conclude that there exists no organic heart lesion and no pulmonary tuberculosis (using also the tuberculin skin test), even though the patient has a cough, is gradually losing flesh and carries a slight elevation of temperature. Chemical and microscopical examination of his urine revealed nothing which might contribute to produce such heart disturbance; neither did the general history of the case throw any light as to a probable cause, excepting this: He was a man about forty years of age, of splendid physique ; never had any serious illness, but *did* have frequent attacks of "intestinal colic;" was a hard worker, a very liberal and hasty eater; his tongue was heavily coated, abdomen full and distended-looked like an ornamental, stuffed parlor toad ; and had unsatiated tobacco appetite; was a moderate user of alcoholic drinks with an occasion drunk thrown in; in fact, his present trouble dated from a time of celebration with friends months ago.

I felt reasonably certain that this was a case of auto-toxemia, 'intestinal in origin, in spite of the fact that he made liberal use of physics, the toxins in the blood acting upon the sympathetic cardiac nerve ganglia, additionally aggravated by the tobacco excess; still, I was suspicious of a probable hidden something, characterized to a very great extent by his condition. To eliminate struck me as being *one* correct thing to do, whatever else additional the case might require. On condition that he would permit me to do as I wished and would follow my directions in detail, treatment was begun.

With a long rectal rubber tube he was given a high enema of three quarts of warm soapsuds, which brought away a large amount of foul smelling feces. Following this unloading, the patient was placed on his back with his hips elevated, the long rectal tube again introduced into the colon and two quarts of warm raw linseed oil was allowed to run slowly into the bowel, the rectal tube removed and patient instructed to remain at least an hour in his present position, which he did.

He was then given three ounces of castor oil per os and, at the expiration of three more hours, when he said he experienced much intestinal pain and felt as though his bowels would soon move, two quarts of warm salt water were thrown into his bowels by means of a fountain syringe. Severe bowel pain followed, breathing became distressed, profuse sweating took place,

skin paled, said he "was too sick to die," expressed regret of his promise to follow directions, entered into a condition of almost complete relaxation, when the floodgates opened and then-well, the enormous amount of the most foul and offensive stuff coming from this man's bowels was certainly astonishing, and, without the employment of additional means to produce such effects, the escape of a very large amount of exceedingly noxious material from his bowels continued at intervals- for more than twenty-four hours.

At this time the violent heart action was sufficiently mitigated to permit about six hours of undisturbed sleep, and, too, a feeling of general relief and a freedom of excessive nervousness was experienced by him, conditions which he was pleased to note and speak of. Here was my opportunity to impress upon this man the importance of correct habits of living, putting particular stress upon the fact of. the necessity of curbing his appetite and restraining from gluttonous habits.

Instructing him to continue for several weeks the daily use of large salt-water enemas and how to correctly apply them, I gave him internally a compound podophyllin pill, one to be taken with a tumbler of water every three hours; every other morning he should take a tablespoonful of epsom salts in a tumbler of hot water; and he was also given one drop doses of specific medicine veratrum viride every two hours.

At the end of three weeks the podophyllin pill was discontinued, the drop doses of veratrum continued, enema and epsom salts employed on alternate days, this course being followed for a month. We now had a condition more agreeable to the patient's general welfare, with a pulse rate of ninety, heart's action within bounds of reasonable performance. One-half drop doses of the veratrum viride was continued every two hours for three weeks more, then every three hours for several weeks.

Failing in weight at first, at the end of twelve weeks he gained twenty-four pounds in weight, had no cough remaining, no more hyenic restlessness, sleep natural, pulse rate eighty, full but with a pleasant softness, carotid throbbing absent, no excess of heart impulse. Patient discontinued treatment at his request, expressing his confidence and satisfaction of condition. That was more than one year ago, still today he continues to express his satisfaction concerning the condition of his health.

To my mind, the special interesting features in this case are the great length of time of the existence of such extreme cardiac, vascular and nervous disturbance; the errors in diagnosis, and the speedy and pleasant specific effect of the veratrum viride following a pretty thorough bowel elimination, which, while essential as a preliminary treatment, of itself would not have brought about physiological function.

Veratrum was selected because a long experience with its action has given me confidence in its use for just such conditions of vascular and nervous disturbances as were manifested in this case. The specific indication for its use was plain and the result obtained is in keeping along with the results in other cases of similar disturbances. And I have confidence in this preparation of veratrum-more than I can hope to have in any of the alkaloids of the drug. It is veratrum-of the whole, integral veratrum structure, made without chemical solvents

-an exact representative of what we want and should have and use if its kindly specific effect is desired.

I am satisfied in the correctness of my statement-and I am my own authority for it, basing this upon an extensive use of veratrine and veratrum-that the specific action of the integral plant is not that of an isolated principle of that plant; and I will obtain a specific result as positively with my preparation more than will he who must use the alkaloid, once and always. If a preparation of the whole is required (and it is) to obtain its specific effect, and if the action of a part of that whole is not the same as that of its parent, it seems to me then they must have separate and different indications for their use.

To me it seems inconsistent to say all in one breath that the isolated principle of veratrum-veratrine-is employed to meet the same indication and condition as is used for veratrum, and thin further to add that the action of this isolated principle is not the same as is that of the entire veratrum. *-Eclectic Med. Jour., April,* 1911.

COLOCYNTH*

JOHN URI LLOYD, PH. M., PH. D., CINCINNATI, OHIO.

The colocynth plant occupies the vast area extending from the west coast of Northern Africa (Senegambia, Morocco, and the Cape Verde Islands), eastward through the Sahara, Egypt, Arbia, Persia, Beluchistan, and through India, as far as the Coromandel coast and Ceylon, touching northward the Mediterranean and Caspian Seas. At the Red Sea near Kosseir, it occurs in immense quantities. It is also found here and there in Southern European countries, e. g., Spain and the islands of the Grecian archipelago. Isolated specimens occur in the Cape of Good Hope, Japan, Sicily, and it is suggested that birds of passage have much to do with the distribution of the seed. Even from our hemisphere we have recent reports of its successful cultivation on a small scale. In the island of Cyprus the raising of colocynth has been a source of revenue since the fourteenth century, and still forms an article of export at the present time.

Colocynth, as already stated, is a characteristic desert plant. Hooker and Ball met with it in the oasis of Sheshuaua in Morocco, and state that this characteristic plant of the desert region in Africa rarely' approaches the sea shore. The fruit is used in Morocco for the purpose of protecting woolen clothing from moths; but according to the testimony of these observers the purgative qualities of colocynth do not seem to be known to the native doctors.

Volkens enumerates citrullus colocynthis (L.) Schrader, among the plants growing in the Egypto-Arabian deserts, pointing to its exceedingly rapid development, especially the fruit, which attains a diameter of ten centimeters. After the vine has withered away, the fruits may be seen lying in the sands of the desert, ten to fifteen in number, about each plant. Volkens saw the plant in bloom in May as well as in December, and reports that when the plant is torn from the ground it withers in a short time, owing, he

*Lloyd Library Bulletin, No. 18 (which carries the above paper), will give a brief history of ever-y vegetable drug of the Pharmacopeia of the United States, 1900 edition. This bulletin, like other Lloyd Library publications, is not in general circulation, nor is it sold commercially, being designed solely for exchanging for the publications of scientific societies and academies of the world. Extra copies will be printed for those who, before May 15th, address, with One Dollar, "The Lloyd Library," Cincinnati, Ohio.

thinks, to the delicacy of the microscopical structure of the leaves.

A brief account of the growth of colocynth in Palestine by E. S. Wallace has more recently appeared in the United States consular reports (1895), from which we abstract the following points of interest: The fruit grows abundantly between the mountains of Palestine and the eastern shore of the Mediterranean, from the city of Gaza northward to Mount Carmel. The plant thrives without any attention whatever on the part of the husbandman, since the climate and soil are all-sufficient for its perfect growth-the natural requirements being merely a sandy soil, warm climate, and little moisture. The fruit which is known in commerce as the Turkish colocynth is collected by the native peasants (fellaheen) in July and August, before it is quite ripe and is sold to Jaffa dealers, who peel it and dry the pulp in the sun. It is then molded into irregular small balls, packed in boxes and exported, mostly via England. The average annual shipments are stated in the consular reports to be ten thousand pounds, but these must have fallen off considerably during recent years. The reason for this, as we learn from another source, lies undoubtedly in the export tax. The report suggests that probably colocynth may be profitably cultivated in certain parts of the United States.

In this connection we may point to Prof. L. E. Sayre's paper (Am. Journ. Pharm., 1894, p. 273), on American colocynth, and the cultivation of colocynth in Montreal, as reported in 1895 by Prof. T. D. Reed (Montreal Pharm. Journal, 1896, p. 334).

The drug is imported from Spain, Triest, Smyrna, Mogador, and elsewhere.

Brief Contributed Articles

THE HEALING OF BONE FRACTURES

LYMAN WATKINS, M. D., BLANCHESTER, OHIO.

Bone fracture rarely occurs without more or less laceration of surrounding soft tissues and they undergo healing processes as well as the osseous tissues. As a rule hemorrhage is not extensive but the tearing of an artery may necessitate ligation although this is unusual in ordinary simple fracture. After a break the ends of the bone lie in a mass of blood and torn tissue fragments. There is, at first, slight inflammatory action in the region of the fracture and the phagocytes collect about the injured part in large numbers but there is no infection and the inflammation subsides in a few days. Reparative processes begin immediately and by the second day nature has accomplished several steps in regeneration. The phagocytes rapidly remove the broken down tissue and bone fragments which they dissolve and carry away through the blood and lymph.

The leucocytes begin the formation of new capillaries and by the fifth day there is perceptible vascular development, and differentation into bone tissue and cartilaginous tissue can be observed. Reparative processes extend from the uninjured periosteum and medulla the former constituting the external and the latter the internal callus. The external callus begins back of the line of fracture on both ends and gradually surrounds the break so that the ends of the bone are united first by a soft cartilaginous growth and later, as ossification takes place, by a mass of spongy bone tissue. Dur-

ing the succeeding twenty-one days the callus becomes harder and stronger.

The central portions of the bone are fused by the myelogenic callus and the provisional calluses continue to develop for about five weeks, becoming completely ossified in the seventh week. It is then called a definite callus. The bone is now in position to heal, the callus forms a protecting and strengthening inclosure beneath which reparative and reconstructive processes go on. In from six to twelve weeks the bone is restored to its original condition and absorption of the callus begins. The healing of fractures under normal conditions proceeds without pain or constitutional disturbance.

THE ECLECTIC LEAGUE FOR DRUG RESEARCH

W. LEMING, M. D., TUCUMCARI, NEW MEXICO.

Euphrasia Officinalis

Special Indications :-*Acute catarrhal inflammation of the conjunctiva and nasal muscous membrane with burning sensations and profuse discharges.*

Euphrasia is limited and specific in its field of action, its primary sphere being the conjunctiva, secondary, the lining of the nose. The more irritation there is about these parts, with burning and watery discharges, the more Euphrasia is indicated. Generally the case is an acute one and the result of atmospheric changes or exposure of the body to sudden changes. It seems to have little effect below the nose although it has been recommended for the bronchial and pulmonary lining membranes and for the stomach, although there seems to be little call for the drug, in the face of better remedies for these parts.

Euphrasia has been one of the drugs that has been handed down through the ages, having stood the test of time. It is remarkably certain in action and seems equally efficient in every form of administration. The most common form of its use has been the alcoholic tincture. Professor Locke recommended it in the form of a poultice to the eye. The best form here is probably in the shape of a collyrium, using ten to twenty drops in one ounce of water.

The eye complications of measles appear to be well influenced by this remedy both in the early and late stages. It prevents unpleasant after effects in this disease. In the early stages it combines well with such drugs as Aconite, Asclepias and Drosera.

Snuffles are controlled by its use, although deeper acting remedies may be needed in combination, for the constitutional wrongs. The various constitutional troubles affecting the eyes indicate this drug. Rheumatic iritis yields to its use, especially when such drugs as arsenic, sulphur and macrotys are added.

Homeopaths claim that photophobia and evidences of deep affinity for the eye, is caused by the administration of the drug, and it has been recommended in opacities and some of the more serious eye affections. They claim that the euphrasia case is worse indoors, and mention a rash about the eyes as an indication. It resembles rhus tox and pulsatilla somewhat.

The constituents are a bitter principle, a volatile oil, tannin and mannite. Dose : One to sixty drops every one to two hours.

Report for April, Viburnum Opulus; May, Inula Helenum; June, Phytolacca. Reports are solicited from physicians.

SPECIFIC USES FOR IRIS

J. S. NIEDERKORN, M. D., VERSAILLES, OHIO.

It certainly is not a difficult matter to prove that Iris is applicable to conditions other than its use in the treatment of

skin affections and in goitre; I am very much inclined to the opinion that many physicians are unfamiliar with its splendid effect in ailments for which less effective remedies are prescribed.

Experience with it has proven that the drug excites salivary and biliary secretions ; that it has a decided influence upon hepatic and intestinal function. Prove it by administering fair sized doses and your patient will report an increase of his salivary flow; prove it in the other case where clay-colored stools are plainly in evidence and note the marked change in color of the alvine discharges. Iris, single handed, will correct many conditions due to hepatic and intestinal torpor. The addition of Euonymus increases its action, and effects are soon noticeable.

Iris is indicated in any case where there is a jaundiced appearance of the skin, and clay-colored stools. In biliousness ; bilious or sick-headache, dependent upon indigestion or the partaking of rich food-stuffs. Here the small dose gives best results-say one-third to one drop doses, frequently repeated. If more active results are desired, give it in 15 to 20 drop doses. A poor quality preparation, or a thick, jelly-like substance called Iris, are practically worthless. The key-note for the specific use of Iris is inactivity of the liver and gastro-intestinal canal. Add to this the jaundiced skin and the clay-colored stools and the picture is complete.

ECHINACEA AN IDEAL SURGICAL DRESSING

J. M. WELLS, M. D., VANCEBURG, KY.

When a wound has been closed, sutures all placed and properly cleansed, place a piece of gauze over the part, gently pressing it in place until all moisture and serum is taken up; continue this until there is no longer any discharge. Then remove and place a strip of absorbent cotton an eighth to a quarter of an inch thick over the wound, feathering the edge down three-quarters of an inch on either side of the wound, and as much at the end, then wet the cotton with spc. echinacea, pressing gently until the alcohol evaporates, which will take from three to five minutes; the echinacea carries gum or resin enough to cause it to adhere firmly to the part. Over this may be placed gauze or cotton, and a bandage, and the dressing is complete. This completely seals up the wound; no adhesive strips are needed, and it acts as a protective to the part, so that it may be handled without producing pain.

Last winter a patient had a carbuncle in the nose. The nose was red, inflamed and tender. He was much subject to cold. A jacket of this kind was placed over the entire nose, no other dressing, just the absorbent cotton and echinacea, and the patient went about his work, wearing it all day long without any inconvenience. To remove the dressing, wet with echinacea, or alcohol, and it peels off like the skin of an onion. It is antiseptic and curative; better than flexible collodion, iodoform or any other dressing; easy to apply, easy to wear, pleases the patient, pleases the doctor, and has a pleasant odor.

SUGGESTIONS FOR APPLYING SPLINTS

J. H. MCCURRY, M D,, GRUBBS, ARK

I have been sorely tried a few times in the application of a splint that would give satisfaction, especially in fractures of the femur, by the difficulty of obtaining good lateral supports for the fractured ends of the bone through the great mass of muscles which envelop them. The muscles rapidly atrophy under the influence of rest and pressure, and the lateral support becomes inefficient, unless it is reapplied. (The long lateral

splint works upward and is very troublesome to keep in place.)

To overcome this I have used with satisfactory results a pasteboard carton such as is used around gallon bottles, using half the carton cut to fit the part, using two lengths if necessary, applying it beneath and to the outside, thus giving support underneath as well as lateral.

To hold this in place, I first apply a thin layer of cotton, then place adhesive strips every five inches around the splint and the leg. 'This serves as an aid to hold the splint in place, and supports the parts while applying the roller bandage. I have been fortunate enough to get satisfactory results from my fracture cases and avoid mal-practice suits so far but if I ever have a nightmare, it will consist of a view of a few influential patients parading around with deformed and crooked legs.

I suppose all who treat fractures depend on extension as an important part of the treatment, and, all who use the improvised splint, use "Buck's method" of extension, i. e., by weight and pulley, with the leg and thigh in the extended position. To accomplish this, it is necessary to apply a loop underneath the foot, in which is placed a piece of thin board 3x4 inches wide with a hole in the center. A cord passed through this wooden piece and this loop is used as a medium for making extension, it is very troublesome to keep this wooden piece in place, as it slips from side to side and up and down. To prevent this, place a strip of adhesive plaster around this wooden piece and extension strip, on either side of cord, this holds it firmly and the weight makes even traction at all times.

I very rarely sew a bandage but hold it in place with adhesive strips, which this holds firmly, looks well and is much more quickly accomplished.

Letters

THE PHYSICIAN AS AN EYE SPECIALIST

"Oh would some power the gift give us
To see ourselves as others see us."

Editor Ellingwood's Therapeutist:

The writer is one of those general practitioners whom Dr. Bowman, in your March issue, condescends to instruct in an offensively patronizing manner. I would also complain that in addition to the manner and the use of such phrases as probably, perhaps, might, etc., he tells us that this, that or the other, may or may not, be or occur, some thirty times in a short paper.

He does this with all the assurance of an autocrat of the regular school with which I am very familiar, but I must admit surprise at finding in a journal, especially devoted to practical therapeutics, such delightful indefinitiveness.

He also gives us this paragraph: "The interstitial variety of keratitis is the only one of interest to general medicine, because it is usually the result of syphilis. The cornea has the appearance of ground glass with here and there some small, clear spots, through which the pupil may be indistinctly seen. The only condition that might give any similarity is glaucoma, which, however, is distinguished by the eyeball, with perhaps some nausea and vomiting and a tense globe."

In it he has certainly had success in conveying imperfect information by ignoring Pannus of the earlier oculists, a condition identical with the vascular keratitis of your own Foltz, which is neither interstitial keratitis nor glaucoma. Certainly the general practitioner, or even an eye specialist, unable to differentiate these three conditions should take a post-graduate course, or re-read

the subject. I would not, however, have asked space in your journal to point out Dr. Bowman's lack of lucidity or perfect knowledge had I not had practical remedial measures to present. I have no expectation that specialists will pay any attention to such simple procedures. But I do hope one or more general practitioners may try them out and in this way be able to cure promptly where specialists fail ignominiously. These measures consist in the application of gentle, moist heat over the occiput and nape of the neck for from 90 to 120 minutes, several times a day, and for the last nine-tenths of the same time, gentle, moist cold over the eye. Of course these do not exclude, but are to be added to, any other local or general procedures hitherto found useful. They came to me twenty odd years ago from a professional source and have never failed to be of enormous advantage to any patient with eye troubles that I have been called upon to treat. Among these conditions I have repeatedly cured iritis, phlyctenular conjunctivitis, phlyctenular keratitis, ulcerations of the cornea and vascular keratitis, conditions I have seen treated in clinics and formerly treated myself for about as many weeks as it now takes days to cure.

My last patient was dismissed last week, perfectly well, after twelve days' treatment. He was a case of vascular keratitis developing during convalescencee from epidemic influenza, and before treatment was begun it had developed until he could not count fingers or recognize his best friends at near or far distance by the sight of that eye.

The next measure of the treatment consists in the use of a wash containing zinc sulph., boric acid and atropine. There is for me a "sweet reasonableness" about the theory by which the results from these external applications are obtained, but I have not the time nor you the space to devote to their exposition now.

I close my paper with the fond hope that it has pointed out that general practitioners are not quite such ignoramuses as some specialists might think.

G. M. AYLSWORTH, M. D.
Collingwood, Canada.

THE REASON WHY

Editor Ellingwood's Therapeutist:

In the journal of the A. M. A., as well as in the THERAPEUTIST, we read an article from the pen of W. J. Robinson, M. D., New York City, in which he sadly bemoans the present status of the medical profession and how the "medical profession is ridiculed, maligned, lied about, misrepresented and 'knocked' on every possible occasion." He says:

"It is time that the medical- profession change its tactics and assume a wide-awake, militant attitude. It is time that physicians actively attack error wherever it shows its head. By reading papers before lay audiences, by participating in discussions, by writing to the newspapers, by refuting the false arguments of false prophets wherever they appear, they can do much toward destroying the influence of the quacks and the irregular cults," etc.

I beg leave to place a few facts before the doctor and will endeavor to point out to him the reason of all this villification, and I think I can persuade him that the trouble lies at his own door and that of his confreres.

This is certainly a true state of affairs, and in extensive travels throughout the United States, and in my perusal of many medical journals this fact is forced upon me: the doctor is classed as an ignoramus, uneducated, many practicing under fake licenses, grafters and trusts,

and the public does not hesitate to attach any name that will disgrace an ethical physician. The dignity of the "Doc" as they call him, is conspicuous by its absence and the vast majority of people consider it their religious duty to dock the "Doc" whenever they can.

Lamentable as this condition is, where are we to lay the blame ? Certainly not with the public, for they know only what they have been taught. The real cause must be laid to the door of the vast number of physicians belonging to reputable medical societies all over the country. It is their viciousness and malice against reputable physicians of whatever school. Let a physician from a minor school start to practice and the old school men will leave no stone unturned to besmirch him, even though his license is issued by the same state as is theirs, and in law they are equal. The "common peepul" then take up the fight and there is mudslinging from both sides. The adherents of the old school men call the new doctor an ignoramus and fool killer, while those on the side of the new man do the same for the old school men, and the result is that the profession in general suffers.

A little personal experience may illustrate my point. The writer came into this town of 2,500 population to practice. He is a Bennett (Chicago) man, and registered here. The first move against him was, the druggists were influenced not to fill his prescriptions and he was forced to fill them himself (which is a blessing). He attended strictly to his own business and the old school men began, first "the new doctor is uneducated and a know-nothing," and all that kind of rot, they knowing full well that a 1907 Chicago certificate was better than anything they could show; but they continued the abuse until one day a little girl of eight years was given up to die by one man who is registered in Polk's directory as a graduate of the Ft. Worth University, and in the American Medical Directory he is registered as a Kentucky man-we do not know which is correct. The child's father asked for consultation and expressed a wish for the new doctor; the old school man refused because "he has no education" and said the child would die no matter who treated her. The upshot was that he was discharged and the writer employed and the child recovered. You can imagine the talk this induced in this little town. Now, did his attitude strengthen the dignity of the profession? Certainly not. How much better it would have been to work in harmony and thus create a higher grade of professional standing.

Not only is this the condition in this little town, but in every city, town and hamlet in the United States, to some extent. To the shame of the profession be it said. Until physicians-all physicians of every school-will band themselves together, throwing aside their clannishness, this condition will prevail, and the value of the profession will dwindle until all that will be left are a few major surgical operations. This is directly attributable to the constant knocking of the doctors themselves. The only remedy is for all ethical men of whatever school to combine themselves into a medical union, and legislate for practical laws, laws that will enable them to collect their hard earned fees, laws that will enable any man holding a certificate of a certain standard and over, to practice in any of the states of the Union. Look at California ! any faker or humbug can get a license to practice any scheme, yet a reputable man holding the best credentials and of the best medical standing may be barred. This is as unwise as it is unjust. There should be a national

licensing board that will be an entry into any state.

Several years ago I called the attention of the physicians to the work done by magnetic healers, psycho-therapists, mental and faith healers and all their ilk. Some work done was inexplainable from a medical standpoint, and I begged that they look into it and try to learn what it was and how accomplished. They said I was crazy. Now, however, Johns Hopkins is studying the soul and treatment by the soul. I was only a little too early, too previous. And because the physician did not look into these various cults, he has lost many millions of dollars annually, and his credit at the stores about town is too often pronounced N. G. and too often he is the "worst pay in town."

All of this lamented state of affairs is due, primarily or secondarily, to the malicious backbiting between the doctors themselves. If the A. M. A. will adopt a new policy, live and let live, and encourage all physicians to work in harmony, it will thus raise the dignity of the profession. Let them understand that they nor any one school of medicine can know it all, but help all doctors to make a decent living and enable them to obtain libraries that will continue the work the college began, and above all insist that materia medica, therapeutics and practice shall have a full part in the state board examinations. There are eleven states whose medical boards do not include these studies in their examinations. Of course, looking at the subject from Dr. Osler's point of view, there is little or no need for them in the college curriculum, but the three minor schools think differently and it is well for the public that they do.

I have one more suggestion to make, but it is a big one. Let the authorities at Washington cease to be led anywhere the old school sees fit, and begin a thorough canvass of the deaths in the United States, say for instance, of the deaths from pneumonia, and let them learn which school has the largest death-rate. It would undoubtedly open their eyes and the result of such an investigation would do more than aught else to make the old school give the well deserved respect the minor schools have so justly earned. This suggestion is made in all justice. I am not a one-sided man and am willing and anxious to learn that which is good from any source.

Go abroad to England, Germany, or even to Australia and New Zealand, the physician there is respected, looked up to and the roughest character on the street will touch his hat to "the Doctor," while here he is too often merely "Doc." Let this useless, senseless bickering against the schools cease, and let all physicians of reputable schools join their forces to have laws enacted whereby the physician is protected and whereby the title M. D. or Doctor is his property alone, making it an offense for a mechano-therapist, chiropractic, etc., etc., to use our title and to be authorized to give death certificates. Then, when all reputable physicians have joined forces, then is time enough for a National Health. Beard, but until then and under the present state of affairs, such a board must necessarily be one sided and deficient.

This article is not intended to tread on anyone's toes, but the situation is such that it needs immediate attention and should be taken up all along the line, letting our motto be Liberality Among Physicians, and "In Union There Is Strength."

LOUIS H. FREEDMAN, M. D.
Crowell Texas.

Therapeutic Facts

SINGLE TRUTHS FROM MANY DOCTORS AND MANY TRUTHS FOR EACH DOCTOR

Equisetum Arvense.

This remedy is indicated in hemorrhages of the kidneys or bladder, caused by calculi or other similar causes. Its influence in morbid enlargements within the urinary apparatus surpasses most any agent of our materia medica It is primarily astringent, also resolvent and tonic. I have seen it act very favorably in case of gastric ulcer. It will serve you well in hematemesis. Its action very much resembles that of calcarea fluor.

I also used it in cases of prostatic enlargement in combination with Salix Nigra, which makes a very suitable compound in these cases. Salix allays any sexual excitement that may be present, giving the Equisetum a better opportunity to act upon the hypertrophied gland, by virtue of its resolvent action. I think these two work well together. Do not forget the use of the saline laxative in these cases. There is another plant that strongly resembles the action of Equisetum and its name is Ononis Spinosa (rest harrow). A. J. JEDLICKA, M. D.

Maribel, Wis.

Sciatica-Counterirritation.

On page 72, February THERAPEUTIST, 1911, is a call for treatment of intractable sciatia. Case: Robust laborer, weighed 240 pounds. Resisted all medical treatment that I could devise.

I spread a strip of canvas with "Merrell's Eclectic Irritating Plaster" one and one-half inches wide and applied over the nerve from buttocks to knee, and retained it on in place by a roller bandage until suppurative pustulation of the skin took place. I gave internally in hot water a laxative sufficient to keep the bowels acting freely. The cure was complete in two weeks. I have cured several cases of chronic bronchitis with this plaster, applied to the sternum. The counter-irritation is helpful also in the cough of phthisis.

F. M. HAWLEY, M. D.

Minocqua, Wis,

Comment: I am confident that counter-irritation exercises an important influence in the treatment of severe acute and persistent chronic disease. This measure has gradually gone out of. use, but nothing has been introduced to take its place. In my early practice, thirty years ago, while I did not bleed, I used dry cupping and active irritating plasters very freely. I have spoken of the use of the Thapsia plaster. I used this quite commonly in chronic bronchitis and have cured cases of sciatica with it I am sure we should give counter-irritants their proper place.

Chionanthus.

What a wonderful help is Chionanthus in those rather obscure stomach colics, or colics of the upper intestines, where we have reason to believe that the liver is sluggish, the tongue is coated, the bowels constipated, and there is loss of appetite. It almost never fails with me, to be beneficial.

G. WILLIS BASS, M. D.

Minneapolis, Minn.

Trachoma.

I believe it would be profitable for the readers if some brother physicians would contribute some articles on that rather common disease of the eye known as trachoma. I find it very prevalent among the Indian tribes., and I have had considerable experience with it and will probably at some future date contribute an article myself from the observations I have made on the Indians. J. J. TAYLOR, M. D.

Navajo Springs Agency, Cortez, Colo.

A Substitute for the Kelley Pad.

For those in country practice who have occasion to use a pad when one is not obtainable, I would suggest that newspapers properly folded several thicknesses thick can be used with splendid advantage. I have had occasion to use them many times in a great variety of cases and with proper antiseptic measures before and after I have found them satisfactory. They are actively absorbent, are always at hand, and can be subsequently burned, thus saving the labor of cleaning.

J. H. MCCURRY, M. D.

Grubbs, Ark.

Oil of Cade for Piles.

In the treatment of hemorrhoids I wish to urge the use of an ointment made from the oil of cade as an external application, and small doses of Colinsonia internally. I add ten drops to four ounces of water and give a teaspoonful four or five times a day.

A traveling man had made arrangements for an operation for piles as soon as he would return from a necessary trip. I gave him this medicine and he returned much improved, and is now practically cured of his trouble. This is one case out of several.

G. WILLIS BASS, M. D.

Minneapolis, Minn.

A Suggestion.

The case, page 49, presents a most remarkable history. Tell the doctor he ought to have caught on to that foul breath from auto-infection. Give her a high enema one and two. First to remove the engorgement, then immediately No. 2 to close out and induce another passage. Throw up two quarts or more of warm soapsuds. I use tar soap. Then every morning one-half hour before breakfast, saline salts in hot water. Deprive your patient of all fermentive food. The terrible headache was caused by fermentive gases. Keep open bowels and after each meal give one-half to one teaspoon glycothymoline in hot water (Kress & Owen) with whatever he may find necessary to use in addition.

J. BEECHLER, M. D.

Soquel, Cal.

Comment: The case referred to has completely recovered, although the conditions were exceedingly obscure and entirely out of the range of usual theories. The doctor followed every apparently reasonable suggestion in line with all the usual theories and met with failure in nearly 'every case. I suggested that the first symptoms looked like pernicious intermittent-congestion chill and advised accordingly, with no apparent result from the best indicated treatment. The case taxed his judgment, and skill to the utmost, but he was finally successful, although the pathology of the case was at no time clear. He antagonized autotoxemia constantly.

Diphtheria.

I have tested Specific Echinacea and Specific Phytolacca this winter in the treatment of twenty-six cases of diphtheria and have found them wholly reliable, not losing a case. Also I have learned another fact that Oil of Sassafras will kill pediculi, either capitus or pubis, one application usually being all that is necessary.

W. H. POWERS, M. D.

Amherst, Ohio.

H. M. C. Good for Asthma-(Sometimes).

Dr. Freedman, on page 86, March number of the THERAPEUTIST, giving his experience with H. M. C. in asthma, brings to mind a case to which I was called a few years ago. Mrs. M., about 45 years of age, was subject to these attacks. I treated her a day or two with the usual remedies but obtained no relief. I concluded to try H. M. C. So about 2 p. m. I gave

her a No. 1 tablet with no relief and about 10 p. m. she passed over the great divide.

The doctor's experience and mine calls to mind the old story. A doctor was treating a case of milk sickness which was worrying him considerably; finally some one suggested that he give her fat meat which he did and recovered. He made this note in his case book: "Fat meat will cure milk sickness." The next case he had he gave fat meat and his patient died. Then he wrote, "Fat meat will cure milk sickness-sometimes."

DR. A. M. BEAN.

Chrisney, Ind.

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Insomnia.

I have found the H. M. C. combination a most reliable pain reliever, and of very great value in insomnia. I gave one patient, a man, H. M. C., one-half strength hypodermically for insomnia every night for nearly four months, and then stopped it abruptly with no sign of habit formation. Sleep was found then to be perfectly normal, and satisfactory in every way without the use of medicine. The functions of the body were not deranged to any appreciable extent.

W. C. EUSTIS, M. D.

Owatonna, Minn.

Poisoning from Eucalyptus.

The case of poisoning in a boy of six years, is reported in a British medical journal, from taking a dram of the oil of Eucalyptus. The symptoms developed very slowly, vomiting and abdominal pain occurring in about four hours. Diarrhea became marked and an hour later the boy became drowsy, semi-comatose, pale, collapsed with small pulse, muscles generally relaxed, pupils medium size and equal, some response to light, shallow breathing. Other than these the symptoms resembled those of opium poisoning, and the comatose condition persistent for several hours. For two hours after the first symptoms occurred he was quiet and feeble, and there was no nervous irritation, the present symptoms being gastro-intestinal irritation with a strong inhibitory effect on the cerebrum. The breath smelled of the oil for three days.

Enlargement of the Thyroid as a sequel of scarlet fever is not often refered to. There is a record of a few cases in acute form which developed the symptoms of thyroiditis complete, and the probability of this complication should be borne in mind.

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Gastric Acidity.-In the treatment of excessive gastric acidity we are accustomed to prescribe alkalies if the acid is thrown into the stomach. A German writer in a great many experiments and much experience gives his alkaline treatment from half an hour to an hour before meals upon an empty stomach. He gives twenty parts of magnesium usta, ten parts of sodium citrate and five parts of magnesium sulphate at a dose, a medium alkaline dose. He does not give the bicarbonate of soda because the gas cases evolved by chemical change stimulates further secretion. He gives albumin and fats in these cases, as food, in considerable quantity. It sometimes is necessary, he finds, to give between meals two or three tablespoonsful of olive oil for several weeks, and if the hypersecretion then persists, he gives an occasional dose of Atropine.

There are suggestions in this that should have our close attention as this

subject is one of common interest, and not readily corrected.

In the treatment of Angina Pectoris the patient should be kept in bed in severe cases for a prolonged period and mental rest should be considered, freedom from anxiety and worry as well as physical rest. At first if the gastric conditions do not contra-indicate the patient should have milk alone. Later a little faranaceous food should be added. The indicated remedy should be prescribed, with care, but great improvement is observed in old patients who are treated by this method and especially in those who are rapidly losing weight.

I have had excellent results during the last year in the treatment of a case of Enlarged Prostate by the combined use of thuja and saw palmetto, equal parts given four times a day and chromium sulphate four grains three times a day. From rising four or five times during the night to urinate, the patient seldom if ever arises more than once and often not at all. The actual condition is materially improved.

Erysipelas.-Erysipelas is treated locally with the immediate satisfactory results by applying saturated solution of magnesium sulphate. It abates the pain and the swelling and when these decline there is also less fever which is more readily controlled by the especially indicated sedative and in most cases there is no extension of the disease.

A compress saturated should be kept applied well beyond the inflammed areas and covered with oiled silk, wetting the compress again as fast as it becomes dry.

If a circle be painted around the outside margin of the inflammed area with the tincture of iron this will materially prevent extension, and if with the other treatment there is no contra-indication for the internal use of this remedy, ten drops in water, should be given every two or three hours.

In Removing Adhesive Plaster some difficulty is often experienced. Dr. Milliken in the Journal of the American Medical Association says this can be done by saturating a small piece of cotton with gasoline, and applying it to the end and around the edges, also over the posterior face of the plaster. This permits a ready removal of the plaster and that which remains on the skin can be quickly washed away by the same cotton pledget.

If a dram or two of Pure Glycerin under considerable pressure be injected into the uretha when the physician finds it impossible to pass a catheter from impermeable stricture, relaxation is acquired and if the catheter follow the glycerine it will find its way quite readily through the stricture. We have suggested injections of lobelia into the urethra after the patient has taken full doses of gelsemium. If these measures are used first and then followed with glycerine injections the results will undoubtedly be satisfactory in everything except extraordinary cases.

Where it is desirable that Mumps be prevented, Dr. Woodbury claims that a gargle for several days previous to the anticipated appearance of the disease may be made by using a sufficient quantity of normal salt solution which contains tincture of iodine in. the proportion of a dram to the quart.

Ellingwood's Therapeutist

Editorials

THIS IS THE LAST CALL

Doctor, I wish I could show you the magnificent letters I have received from some of the best physicians in the United States, of all schools, commending the plan of this journal and insisting on being entered among those who are anxious to give every possible encouragement to so *important a work as* ours. You have been one of us, doctor, don't fail to continue. Let me hear from you at once.

BROAD MINDED PHYSICIANS

I have found a short letter in the Journal of the American Medical Association of March 11th, in which the writer says that he contributes to Independent journals freely, because through them he is able to reach a large number of broad, progressive, liberal and non-sectarian physicians who read these journals, in order that they can watch for new and good things in the treatment of disease. He says he must have a fair field and free parliament which no man can have who contributes to journals like the Journal of the American Medical Association. He says he treats rheumatism and diseases of the liver and stomach, and diseases of children with more success than he ever dreamed possible when he started out in practice. He says he wants to spread the light and tell other doctors what he has learned that they can use the same means, but he says the Journal of the American Medical Association would not publish one of his articles under any consideration because he uses such remedies as Apocynum, Iris, Rhus Tox, Pulsatilla, Gelsemium, Veratrum, Aconite and Bryonia.

He says, "I demand that any journal I write for shall be broad and liberal and non-sectarian enough to publish *articles recommending any ethical remedy that I have proved of positive curative value." He says, "We need a much higher standard of medical ethics." That "ethics now in vogue is absolutely discarded by most medical men." It is signed W. M. Gregory, M. D., Berea, Ohio.

Dr. Gregory is one of a class of broad-minded men that are now opening a way in the profession at large, to the best knowledge of drug action that has ever, been known, and although no mention is made in this letter, I confident that he is equally honest in giving credit where credit is due I am glad that such men as this are rapidly increasing.

A SHOT GUN PRESCRIPTION AND CONSISTENCY

The inconsistency found in the medical journals, especially in criticising irregulars is most striking. With the great effort the American Medical Association has made to induce physicians of other schools to denounce the sects and unite with them, it would seem that the severe criticisms would react against their efforts.

With the discarding of a number of excellent remedies in the past year other things have been brought up even in the Journal of the American Medical Association that shows as yet no abatement whatever in dogmatism, prejudice and persecution on the part of the "Faculty."

* * *

In the March 18th number of their journal, notwithstanding the enormous amount of scientific matter they claim to have, they devote a column to an Eclectic physician who wrote a "shot gun" prescription, and it was a shot

gun prescription, indeed. There are nearly as many ingredients in it (if it was written as claimed), as there is in "Warburg's Tincture," an "ancient" sedative compound that is still brought forward constantly by these advanced therapeutists because they are not familiar with the use as sedatives of Aconite Bryonia, Veratrum and Gelsemium.

* * *

We have long been painfully aware of the fact that there is an occasional member of the sect known as Eclectics that is a careless prescriber. There is occasionally one that does not understand the proper combinations of drugs. We have been anxious to keep that isolated individual in the dark, but, because of the fact that the bitterness against such is made a part of the education of the graduate of the dominant colleges, this one living in Nebraska had a local competitor who was probably feeling the effects of the competition with one who occasionally did prescribe correctly and because of the jealousy and prejudice he goes to the drug store and looking over the prescription files (probably with the consent of the druggist) he finds the said "shot gun" prescription.

* * *

There may be one careless prescriber in a thousand or even in one hundred of those who are specific and careful in their prescribing; but this is an improvement on one who cares to know the specific action of drugs and studies remedies without prejudice to a thousand of those who retain their prejudices, and are willing to use medicines made in Germany, proprietary drugs and remedies recognized as inefficient thirty years ago.

The prescribing of a number of known remedies in one prescription is not as bad as prescribing a patent compound, advertised in the newspapers, with a secret formula. It does not compare with the fact that the present Confederation of the State Examining Boards are endeavoring to adopt a course which will reduce the study of Materia Medica to one hundred and fifty remedies, all but a very few of which were better known thirty years ago than they are now, and most of which have been discarded by advanced thinkers and investigators in drug action.

* * *

Consistency is certainly a jewel; to prevent the above error, a perfect knowledge of drugs-a thorough teaching of drugs in the colleges-a persistent training in the clinical action of drugs is absolutely imperative, and yet the entire influence of the American Medical Association and its organ is positively in favor of greatly restricting the study of drugs. The State Examining Boards in a number of cases exclude Materia Medica entirely from the examination-Why not exclude surgery or pathology?-they are no more important. Why not leave the student to learn these branches after he leaves college as they do Materia Medica?

The truth is unavoidable; the teachers are grossly ignorant of the Materia Medica and they are startlingly aware of their ignorance, and know only the other branches and they dare not expose their ignorance, so they thus prescribe a similar course for the student. Consistency is a rare jewel.

ONCE A TRUTH, ALWAYS A TRUTH

Sometimes our critics say to us that Specific medicine is unprogressive, that our indications for aconite and other drugs are the same now as they were

twenty-five years ago, consequently we are behind the times.

The advantages of specific medication are, that a truth once discovered remains a truth for all time and when once the conditions are ascertained which call for a certain remedy, these conditions always remain the same. We could, with as much justice, say that the study of anatomy is unprogressive, because it has practically been unchanged for years, or that pathology was moss-grown and useless because the lesions of typhoid fever, pneumonia locomotor ataxia have not varied.

A fact once established continues a fact always and does not have to be unlearned or put aside; if so, there could be but slow advancement. Whenever the standing of a remedy is proven the interpretation of its action will stand throughout all time. The result of every future investigation will strengthen the original and every new discovery will harmonize with it. Those who administer quinine for malarial infection are not considered behind the times although this remedy has been so used for many years.

We are continually improving our materia medica by adding the results of new experiences. We have always been in the lead in so far as our indigenous plants are concerned. The inuendo that we are "weed juice" doctors is true, although intended as scathing sarcasm, and it is also true that the majority of remedies used by all schools are of vegetable origin. Nux, cinchona, digitalis, opium and many others might be mentioned in this connection, so that when it comes to vegetable juices in medicine we have plenty of company. Instead of being behind the times we are far ahead in therapeutics.

One eminent member of the old school remarked to the writer that the regular profession were far in advance of us because they had, years ago, tested all the remedies we now use and found them worthless. When we mentioned some of our recent drugs he replied that although they were new to him they were no doubt inert or his school would have adopted them. We thus frequently find the way blocked by iron-clad bigotry which is secure in its innate egotism.

LYMAN WATKINS, M. D.

ANDERS' KNOWLEDGE OF SOME ECLECTIC REMEDIES

Anders in the Cyclopedia and Bulletin of Philadelphia inquires what constitutes a useful drug. He answers the question by giving three methods of determining: One, that it must have a definite physiological action directly applicable to a disordered physiological process; another, that it be found in a majority of instances to be followed by a definite clinical result; and, a third, that the remedy be used for diluting or rendering medicines palatable.

He claims that in looking through the United States Pharmacopoea, he finds the following official remedies which he thinks should be excluded, because in his opinion they do not meet the above requirements. Berberis, Calendula, Chimaphila, Cypripedium, Eupatorium, Geranium, Grindelia, Rubus, Staphysagria, Virburnum opulus, Matricaria, Triticum, Xanthoxylum.

While there are many of our readers who would find it difficult to get along without most of the above remedies, some of which that are considered standard remedies, a knowledge of these depends upon the total experiences the observer has had with them,

and those who have used them for many years have great confidence in many of them, as the above writer would probably have, if he had had extended clinical experience in their use. Failure to cure disease is due to our lack of knowledge.

BACELLI AND CLINICAL TEACHING

The first principle in our method of treatment is to study the patient, to know the patient that we are treating, and every phase of the condition with which he is contending. No stress whatever has been placed upon this by the dominant teachers, but the laboratory and laboratory results, because highly scientific, has received their total attention.

There is a well known teacher and clinician in Italy, Baccelli, who for years has taught as of first importance, to study the patient. He says, "Let this be the fundamental basis with all the medical teaching, as the results are the end of medical teaching. The reports," he says, "should be from the clinic only, and the clinic is supreme authorities all the time, and on all occasions. The clinician first, last and all the time with him.

Closing a recent lecture at the bedside on cancer he said, "Cato, in ancient Rome, closed all his speeches on every occasion with the words, 'Carthage must be blotted out.' I never let an opportunity pass to close my lectures with the statement that the study of the patient is the fundamental basis of all medical training."

A GOOD WORD FROM TAFT

The work of the American investigators in the tropics has been exceedingly satisfactory, and it has only been a few years that our Nation has been conspicuously in the work. President Taft recently said that "England, France, Germany and Holland have been engaged in business in the tropics for from one hundred to two hundred years, and yet in the ten years since the Spanish-American War, American physicians have made more important discoveries, and had presented more subjects for improvement of health than had been made in the whole two centuries before that time.

"If nothing else justified the expense of the Spanish-A merican War, the discoveries of the physicians since that time were ample to justify the expense of war ten times over. It is a record of achievement of a national character that every one who understand it must dwell upon with sincere pride."

JACOBI ON A COMMON BLUNDER

There is no doubt that a considerable proportion of infant mortality at birth is due to the self-confidence and incompetence and inexperience of the physician or midwife. This I have spoken of many times. In an article in the Archives of Pediatrics, so notable a man as Jacobi speaks of the prevalence of this cause. In addition he mentions a fact which should impress itself upon the mind of very many careless physicians, and that is that the mothers get up too soon. He says two months is not too long a period to rest in and permit the organs to become normal. By getting up soon she retains all previous misplacements or inflammations and to them is added decrepitude, the child suffers, dwindles and dies. The future ones, if any, are born decrepit.

This is a common sense point that is overlooked by many that claim to be authority on this subject. But Jacobi is certainly right, and his position should be universally adopted.

THE GENERAL PRACTITIONER

A physician in general practice hardly realizes how quickly his practice becomes routine nor how easily the habit is formed of giving similar remedies for many differing conditions. Once in a while when the case is really serious and does not recover as rapidly as usual "he begins to sit up and take notice" and something definite is done. One great difficulty in establishing a scientific treatment lies in the fact that many patients recover quickly and would get well even without medication. And so it is found that searching for indications or pathological conditions is frequently futile, the ailments being due to triflng physical aberrations not of sufficient permanency to be of importance.

It is only by careful study that we are able to arrive at anything definite in the practice of medicine. When the general practitioner is popular and is loved and respected by his clientele, he will be called many times for trivial ailments, more for his cheerful, hopeful encouraging presence than for strict medication. My lady has a headache, the child has a pain in its stomach, or pater-familie is all "knocked out" and "bilious." So the doctor is called, then a few sympathetic words and perhaps a harmless placebo and everything is all right and the bill cheerfully paid.

The practice of medicine has many sides and the administration of drugs is but one of the functions of the family, physician. The general practitioner is entitled to a most honorable position in medical ranks. He is the very foundation upon which the surgeon and specialist must depend for their work. While the brilliant surgeon may occasionally save a life by a difficult operation upon a patient prepared for him by the family doctor, still this humble physician goes on saving life, relieving pain and bringing comfort to hundreds without display or without special credit regarding it all as a part of his ordinary duty. After all the common rank and file are the strength and support of medicine. The day is far distant when the family doctor will be dispensed with. He is an essential element in home life, a refuge in time of trouble when the lamp burns low and death hovers near.

LYMAN WATKINS.

MUD BATHS

I have spent two weeks this month at the Mudlavia Sanitarium, Kramer, Ind., and as a result of my observations, I want to say a good word for the institution. This is the celebrated Mud Bath institution, and is widely known for its really marvelous cures in sciatica and rheumatism, especially, but the character of the baths is such, particularly with patients suffering from auto-toxemia, and with those whose elimination has been chronically sluggish, as is common with neurasthenics, that while there may be a temporary feeling of weakness from the bath, the subsequent effects are an actual increase of strength and vigor, and a marvelous improvement in the functional activity of every organ.

Tradition from time immemorial has given to the earth the power to immediately restore strength. If one thoroughly exhausted will lie flat upon the ground on his back with arms and legs extended, especially if he be nude, it is surprising how quickly the exhaustion disappears and the patient experiences a renewal of strength. Under proper circumstances this is the experience of those who lie encased in this hot mud for from twenty to forty minutes, as their physical condition

will permit, depending upon the effect of heat and the rapidity of the cuticular transfusion. I found these baths after extreme prostration this winter, immediately restorative and active in building up every function of the body.

I was particularly well pleased with the high moral tone of this institution. In addition to the absolutely restful influence of the entire environment, the systematic and quiet manner in which the institution is conducted, the moral tone is indeed an important addition to the soothing and beneficial influence obtained. Almost every individual out of about two hundred there, was enthusiastic as to results.

ANURIA FROM INFECTION

The occurrence of total suppression of the urine after severe infection or after severe operation has now a history of quite a large number of cases and the causes of this serious condition is being developed. The condition may be entirely from reflex origin or it may occur, although very rare, from occlusion of the uterer by a concrement, or it may occur as stated from the effect of uremic intoxication.

A French writer (Suner, enlarging on this subject), says that there is in the kidneys an antitoxic power which neutralizes toxic substances circulating in the blood. He also emphasizes the fact that uremic blood inhibits the secretion of urine. Considering these two facts certain impressions upon the nervous system will prevent the exercise of the antitoxic power of the kidneys and increase the presence of urea.

Another theory which has not been refuted, although presented many years ago and frequently denied, is that a chemical change takes place very suddenly in the urea molecule as shock or under certain abruptly changed conditions in which a toxic ammonium compound is developed at once in the blood which produces an immediate influence upon the action of the kidneys through the nervous centers. This is apparent in animals, especially in the disease of azoturia in horses. There is some degree of parallelism in this condition in our patients.

DIAGNOSIS OF POLIOMENINGITIS

The folowing statements concerning the symptomatology of infantile paralysis are put out by the New York City Health Board, and as they are simple we produce them for immediate reference in case any of our readers desire such :

"The disease is characterized by a sudden onset with fever, followed, generally, within from twelve hours to three or four days, by general or localized paralysis, almost always of a flaccid type, with reaction of degeneration and early atrophy in the muscles permanently affected. Paralysis is most common in one or both legs, but may occur in any part of the body.

"Vomiting and convulsions occur frequently at the onset but are not constant symptoms. More significant are restlessness and insomnia which occur early in most cases. Pain and tenderness, usually referred to the joints and muscles, were common in the 1907 epidemic in New York City.

"The period of incubation varies widely; between two and thirty days. The average appears to be from seven to ten days. The so-called abortive cases may act as carriers, and there are also many authentic cases in which the disease was in all probability carried by a third person.

"The duration of the period of infectivity is unknown, which leaves the

question of isolation and quarantine unsettled."

EARLY DIAGNOSIS OF SCARLET FEVER

It is important that scarlet fever be diagnosed early. The premonitory symptoms so closely resemble those of other eruptive diseases that this by the usual methods, is not always possible. Leede in Germany fastens a band around the upper part of the upper arm and watches the appearances of the skin below the band. He claims that if scarlet fever is developing, petechiae develops below the band and hemorrhage may occur. In two hundred cases in which he tested this sign it failed in only one. The spots form more particularly in the bend of the elbow and can not be observed in any other disease, although in a few cases of measles there was some resemblance to it. The sign is very positive at the onset of the disease, but less positive as the disease pi-ogresses.

In one case where hemorrhagic nephritis followed the disease the sign was apparent fifteen weeks afterward. The characteristic petechiae developed in the case tried in from five to twenty minutes.

PREMONITORY SYMPTOMS OF EXOPHTHALMIC GOITRE

In a recent number of this journal I called attention to the importance of an early diagnosis of exophthalmic goitre, as I have also done at other times during the past year. I have been interested in hunting up literature on this subject .and find that Kraus, writing in the Berlin *Medical Clinic,* gives the following symptoms as more or less reliable, occurring prior to a readily diagnosed attack of exophthalmic goitre.

There are abdominal pains, acute, sudden, quite intense, occurring in the upper abdomen, similar to gall stone colic, and sometimes very intense, having no reference to the taking of food, usually occurring at night and not relieved by heat or cold.

The legs are very weak, described by the patient as giving away readily.

Third, another symptom is the increase of temperature in the axilla due to increased radiation of heat from the skin. It will be found that the axilliary temperature is sometimes even higher than that in the mouth. Burning of the skin is a suggestive symptom. This can be distinguished from tuberculosis by the fact that in this condition there is a rapid drop in the weight of the patient.

He suggests that the giving of iodine or the iodides wit'h these symptoms due to developing exophthalmic goitre will increase the condition.

Another symptom is the frequent and copious stools, closely resembling diarrhea, but not yielding to the usual treatment for acute diarrhea-the condition especially following a period of persistent constipation.

Finally the patient may have a strong appetite and eat an abundance of nourishing food and yet there will be a progressive decline in the weight of the body. With these symptoms the occurrence of tachycardia should render the physician very suspicious.

SALICYLATES HYPODERMICALLY IN RHEUMATISM

At our state meeting last year Dr. W. W. Houser of Lincoln, Ill., strongly advocated the hypodermic injection of solutions of the salycilates around diseased joints, both in acute and chronic rheumatism, and claimed that-repeated satisfactory results for many years past had established a firm confidence

in this method of treatment and had assured him by comparison with other methods, that this method was indeed superior; that a much less quantity of the remedies became thus necessary, and more immediate results were secured.

Siebert in the Medical Record of March llth, presents a strong article in which he advocates the ideas advanced by Dr. Houser and establishes his argument in favor of this method by reference to a number of cases. He claims that in rheumatism of the heart, pleura, or rheumatic chorea, this method is valuable as well as in the treatment of the joint infections. He advises larger doses than Dr. Houser, has thought necessary to use, but as Dr. Houser's experiences have been confirmed by many years' observation, we would favor his suggestion until the necessity of larger doses was proven.

As I said on the presentation of Dr. Houser's article, last year in July, I hope our eaders will readily use this method, and report upon it that we may give it an exact place among the correct observations of drug action, that we are making, and they are certainly needed in rheumatism.

TOOTHACHE OR NEURALGIA

In my practice in the country thirty years ago I had many calls to extract teeth for pain in the face, without much regard to the cause of the pain, classing all face pains as toothache. I have not found in all subsequent experiences that it is always easy to distinguish between a clear case of neuralgia and pain caused from diseased teeth.

One farmer diagnosed his wife's pains as neuralgia and asked me to send her some medicine. I did this three times in succession without any effect upon the extreme pain. The farmer then became very. angry. I told him he had better have his wife come into town and let me examine her teeth for fear it was toothache instead of neuralgia. In a vehement manner he replied, "If you want to examine her teeth, I will bring the teeth in, as she has a double set of false teeth complete." The joke was subsequently on him, however, because on examining the face, I found a tip of the root of the right eye tooth had been allowed to remain in and was suppurating. Removing this all pain ceased.

I have found many cases of pain in the face which seemed to be due to an acid condition of the stomach. In other cases where the teeth and gums were plainly at fault, without extreme ulceration, I have removed the pain by having the mouth thoroughly washed with a strong solution of white oak bark and boric acid. In other cases during pregnancy, with a little Gelsemium to correct nervous irritation, I have given the patient phosphates to prevent progressive decay of the teeth, and have stopped pain very quickly.

The relation between genuine facial neuralgia and pain caused by disease of the roots of the teeth, is often so close that not only local treatment is thus demanded, but constitutional treatment is also necessary. If the patient's condition permits, I give small doses of quinine every two or three hours, and if the skin is cold a little belladonna with it.

MAGUEY

It is quite commonly known that the Agave Americana and .other varieties of agave are commonly used throughout Mexico, to prepare a fermented

drink called pulque which is consumed in tremendous quantities in that country. Aguamiel, the sap of the maguey, is collected by laborers and is very popular when fermented. It has a delightful taste and an aromatic odor and produces a tonic invigorating influence. The structures of the leaves are used crushed to take the place of mustard plaster as revulsive applications. As a medicine the following facts from an article in the Therapeutic Gazette give a summary of what is known about this substance at the present time :

Therapeutic Value of Aguamiel.- Enough has been said to indicate the fact that in aguamiel is to be found a natural vegetable compound, possessing valuable nutrient, tonic, antichlorotic, and antirachitic properties; a gentle laxative, a mild diuretic with peculiar, almost specific action in inflammatory and catarrhal conditions of the kidneys and bladder; an efficient emmenagogue and a valuable galactagogue.

It is, however, not widely known that it has been in general use for these qualities for hundreds of years by Mexican physicians and by the people throughout the regions where it is produced.

Numerous contributions have been made to medical literature on the curative value of the fresh and fermented sap of the maguey. It is most generally recognized and widely used. in diseases of malnutrition, and especially where this has led to diseases of the kidneys and bladder. In congested and inflamed states of these organs, in renal inadequacy due to an atonic condition of the epithelial cells of the kidney, in the early stages of the various affections of the kidneys associated with albumin in the urine, and collectively referred to as Bright's disease, it has been found to be an almost unfailing remedy.

The use of aguamiel in these cases is becoming widely known to American physicians, and they send their patients to Mexico in increasing numbers each year to take the aguamiel cure, with the most gratifying results.

Treatment of Cholera.

A writer of the British Medical Journal is very enthusiastic concerning the use of the permanganates in the treatment of epidemic cholera. He dissolves half of a grain in a pint of water and has the patient drink this ad libitum. The strength of the solution is increased as rapidly as possible until four or six grains to the pint is used. As there is very severe thirst and all other water is kept away from the patient, much of this fluid is drunk. He prefers the permanganate of calcium because it is less astringent than that of potassium. Sometimes he gives it in pill form, mixing two grains with a little kaolin powder and Vaseline, but he prefers the fluid method. Quite a large number of cases have been treated with this method with very satisfactory results. The remedy is not nearly as poisonous as it is supposed. One young man swallowed half of an ounce of the crystals of -potassium permanganate and yet with little effort made a perfect recovery.

Veins.

Two years ago I published an article by Dr. Royce on the treatment of varicose veins which was very widely quoted. A simple method of treating these veins has been recently suggested by Budinger which consists in applying a few layers of a roller bandage about the leg below the knee and over

this a strip of adhesive plaster, forming a band around the upper portion of the lower leg about two and one-half inches wide, drawn tight enough to compress the superficial veins, but not sufficient to cause stasis. This is applied with the leg elevated and the venous blood stroked back toward the trunk. After the course of a few days this will be loosened and should be removed and a new one applied. By this simple method many varicosed veins will heal rapidly and ulcers will also be benefited.

Treatment of Worms.

There is but little said nowadays on the treatment of worms as compared with the emphasis that was put upon this subject thirty years ago. This is probably due to the fact that such a frequent diagnosis of worms has been made by the grandmothers and interested friends or the larger proportion of the unknown authorities that this condition has been boycotted by the so-called scientific observer, the condition being attributed to other causes.

There is a definite train of symptoms that appears when worms are present, and this train of symptoms may be present, also, from other causes of intestinal irritation, consequently, when due to intestinal irritation alone they are allayed by intestinal sedatives, administered for this purpose.

It now happens that Santonine is proven to be an active intestinal sedative as acting through the central nervous system ; consequently, although a writer in the Journal of the American Medical Association says that it has only one legitimate use, and that is to remove the round worm from the intestine, it will allay intestinal irritation when worms are not present occassionally.

The above journal devotes five columns to the treatment of the round, worm with Pinkroot and Santonine, a method we have adopted for forty years, at the very least, and which I have written about and advised many times in the last three decades. Ten drops of the fluid extract of Pinkroot (spigelia) , and one-half of a grain of Santonine two or three times a day for from three to five days in a child of five years old or above is sufficient.

With patients where the intestinal tone has been reduced, or the gastro-intestinal functions have been interfered with, these must receive atten tion after the worms are removed. It is advisable that high colonic flushings be originally adopted, also, and if a stimulating antiseptic be introduced, or a decoction or Quassia be used, the end will be more quickly attained.

In Retention of Urine from enlarged prostate, Bayer dilates the prostatic portion of urethra. In chronic cases this is especially applicable. Where there is urgency without marked cystitis in eleven cases which it was used five cases resulted satisfactorily. The dilation is done with a hollow instrument so that irrigation can be carried on the same time. Iodoform glycerine injected ahead of the dilator assists in following the canal.

Punctured Wounds of the Diaphragm Are Not Common.-There is but little literature upon the subject. A writer in the Surgical Archives of Berlin has collected sixty-four cases under his immediate observation, and forty cases from literature. Of his sixty-four cases the wound was made from above while among the Italians, the stabbing is done from be-

low. Sixty-one cases were operated on, and of these, thirty-three recovered. The writer believes that operative treatment is the only cure because there is subsequently danger of diaphragmatic hernia, with possible danger to a chest or abdominal organ.

Salvarsan.

The serious and dangerous complications that occur from the use of **"606"** are being brought to light in every issue of our exchanges. Heart weakness is not only greatly increased, but if there is any tendency to it, it will develop very quickly afterward, especially if intoxicants are used or much tobacco. It certainly looks as if the remedy was too powerfully toxic from the large quantity of arsenic it contains to ever be of practical use, without great danger.

A report recently comes from Germany which is quoted as authoritative in the Journal of the American Medical Association that Apocynum is an important medicine in the treatment of chronic cardiac insufficiency. As the reports from independent journals are excluded in this high authority all the facts reported in this article and very many others in addition could have been produced years ago from our own Journals, if the reviewers had looked at home for these facts. The suggestions to the foreign writers were undoubtedly made from this literature which they are free to consult.

PRACTICAL GLEANINGS FROM AMERICAN PRACTITIONER AND NEWS

As recommended by Sir William Bennett, no examination of a case of pain in the groin can be effective unless it is made in the erect as well as in the horizontal position of the patient.

Vesical is differentiated from urethral fistula by the fact that in the former leakage is continuous or especially before urination, and in the latter leakage occurs during urination.

Placing the patient on his abdomen sometimes relieves post-operative distention of the stomach in the early stage. This simple plan, suggested by Woolsey, may render lavage unnecessary.

Curettage is generally contraindicated in cases of chronic endometritis in which the uterus is displaced and bound down by adhesions, or in which pelvic exudates are present, as it might set up fresh inflammation.

Chronic ulcers of the face situated in the area between lines drawn from the outer end of the eyebrow and the upper border of the ear above, and the angle of the mouth and the lobe of the ear below, are usually epitheliomata of the basalcelled variety and they are comparatively non-malignant.

No operation for hemorrhoids should be done without a thorough examination of the heart and abdomen to discover etiologic obstructive conditions.

It is advisable to test the functional activity of the ulnar nerve in fractures about the internal condyle of the humerus, owing to its susceptibility to injury on account of its exposed position.

A most important feature in the treatment of fractured clavicle is immobilization of the scapula. Any method which accomplishes this will, to a great extent, prevent displacement of fragments and deformity.

The presence of a perforation of the bony septum of the nose is usually an evidence of a previous syphilitic process.

SPECIFIC CONDITIONS IN UR INARY DISEASE AND TREATMENT

Urine acid; scanty.-Verbascum, one drop four times daily.

Uric acid; excessive.-Glycerine four ounces in twenty-four hours taken one ounce in six hours in seltzer water. Repeat the treatment once or twice a month.

Uric acid excessive with albuminurea.-Tea of bean pods one and one-half ounces to the quart; four ounces of the infusion three or four times a day.

Uric acid; diabetes, severe aching in the kidneys; urine scanty, specific gravity high, trace of albumin.-Helonious, ten to thirty drops four times a day.

Uric acid general.-Macrotys, two drops; Phytolacca, four drops every two or three hours.

Urine acrid, painful passage, stranguary, much local irritation.-Verbascum, five drops in water.

Urine, retention of, in infants.-Santonine, one-sixth grain every hour for two or three doses with warm applications.

Urine suppressed in infants or retained.-Solidago from ten to forty drops, or as indicated.

Urinary retention in children.-Dry heat continuously over the genitals and over the bladder, sometimes across the back.

Urine suppressed with distress or constant desire.-Eupatorium pur.

Urine, suppression of, with strangury; retention of from paralysis.-Polygonum ten to thirty drops every two hours. Especially valuable. in this condition during pregnancy.

Urine retention of.-1/250 grain atropine sulphate every fifteen to thirty minutes.

Urinary suppression complete.-Arsenite of copper 1/20 grain every two hours for three doses, then 1/100 every hour.

Urine, acute suppression of.-Pilocarpin hydrochlorate, one-fiftieth of a grain. repeated in two hours if needed.

Urinary irritation, with frequent urination, a few drops passed only, every few minutes, desire constant; vesicle tenesmus. -Cannabis indica, twenty drops to forty drops, water four ounces, a teaspoonful every two hours.

Urinary irritation at the neck of the bladder.-Elaterium, twenty drops, water, four ounces, a teaspoonful every two hours. If with enlarged prostate or previous urethritis, staphysagria, one dram; hyoscyamus, three drams; triticum, four drams; tincture of vesicaria, one ounce; distilled water to make four ounces; a teaspoonful three times a day.

Urinary irritation, organic causes.—Eryngium one dram, cannabis indica thirty drops, water three ounces, a teaspoonful every two or three hours.

Urinary irritation with distress and spasmodic pain.-Cannabis indica with Gelsemium and Macrotys.

Urination painful, intense, burning, scanty, cutting sensation.-Cantharides tincture, five drops, water four ounces a teaspoonful every half hour.

Urination frequent and painful, with spasm or much straining, which continues after the urine is passed, feeling of constriction at the neck of the bladder, or the urine escapes in drops.-Gelsemium in one drop doses, every half hour or hour.

Urination painful; parts feel hot and burning, cutting sensation.-Cantharis, one-third of a drop.

Urine dark colored with sediment, urination scanty and difficult.-Solidago.

Urine, incontinence of; dribbling from cough.-Agrimony.

Urine, incontinence of, dribbling, frequency, passing only in drops, feebleness of expulsion.-Thuja five drops every two hours.

Urine, dribbling of, in advanced pregnancy.-Santonin. half of a grain every one, two or three hours.

Urine flows with coughing spells, escapes from muscular effort, especially in elderly women.-Ferrum phos. 3X thirty grains in two ounces of water, a teaspoonful five or six times a day.

Urinary incontinence.-Two drams of Eryngium in water every two hours. Belladonna twenty drops; saw Palmetto, one ounce; water three ounces; a teaspoonful every three hours.

Urination too frequent with atony and excessive acidity.-Solution potassium hydrate from five to ten drops in water, every two or three hours.

Uremia after child birth, and surgical operations.-Echinacea, sulphate of spartine. To the kidneys apply persistent intense heat, and give full physiological doses of Gelsemium and Macrotys.

Urine loaded with phosphates.-Saturated solution of carbonate of magnesia in cider vinegar, two drams three or four times a day.

Urine scanty, patient very feeble, feeble digestion, difficult breathing.-Potassium nitrate five grains four or five times a day.

Urethral fistula in an old man.-Thuja two drops, gravel root four drops every two hours.

Urethral stricture from gonorrhea.-Gelsemium, five drops; Macrotys, eight drops every hour to full physiologic effect. Relaxation should occur within three hours. Inject glycerine warm. Inject lobelia warm.

Urethral stricture.-Gelsemium, five drops every half hour, inject warm olive oil, or warm specific lobelia. If not then relieved the patient lying on the table insert an olive oil electro two sizes larger than the structure, attached to the negative galvanic pole, introduce and engage the stricture without pressure. The positive pole is attached to a wet pad and applied to the abdomen. Apply the current five milliamperes and gently pass the tip through the stricture. It requires from two to five minutes.

INVESTIGATION OF HYPODERMIC LOBELIA

The most recent reports on the action of lobelia hypodermically have brought to light some astonishing facts. Results have been obtained that no one has thought medicine would ever accomplish.

I am beginning a series of complete and thorough investigations into the full action of this remedy when used hypodermically. I want every doctor who has used it to watch every influence and write it down in a memorandum book or sheet kept for that purpose, and report to me from time to time.

You, Doctor, have probably used it a few times, and will continue to use it. *I want you to give me a full report without fail.* The following influences should be closely observed:

First. Its antispasmodic properties.

Second. Its marvelous stimulating and regulating influence upon the circulation. Note its influence on the heart, upon the arteries, upon the capillaries and venous circulation.

Third : Its influence in antidoting toxins. It has been used in diphtheria with marvelous effect, but whether its action was that of an antispasmodic, a powerful relaxant, and stimulant, or an antidote to the toxins is a question yet to be proved.

Fourth. Its stimulating and restorative action, which influence, upon the circulation of the brain, in sunstroke, apoplexy, and asphyxia from all causes, seems to be very pronounced, in many cases more prompt and complete than strychnine, nitroglycerine, digitalis or the ammonium compounds.

Fifth. Any undesirable influences of any character.

Let the definite lines mentioned above be carefully observed. At the same time neglect no other definite observation in making your report. Please continue the reports from 'time to time as new facts are brought to light. Only in very *rare cases,* when given hypodermically, does it produce nausea, even when given in large doses of from half to one dram.

The following questions should be answered as nearly as possible in each case :

1. About how many injections of lobelia hypodermically have you used?

2. In what diseases have you used it, and how frequently were the injections made, and how many injections made in each case?

3. Please answer these questions for each individual case or group of similar cases. State the conditions for which you have used it. (The above cases can be numbered and referring to the numbers you can state what the condition was, how severe the case seemed and how urgent was the necessity for relief.)

4. Was the injection made just beneath the skin or into the deep structures? State whether pain or abscess occurred after the 'injections.

5. In your opinion is the inclination to produce nausea, depression or unpleasant influence at all marked?

6. What unpleasant influences, if any, have you observed?

7. In summing up your observations, what do you conclude are the most marked physiological influences of lobelia, administered hypodermically ?

8. What lines would you suggest the closest observations should be made in?

I desire every reply to be as full as possible ; complete details of the exact symptomatology of the cases and all the little side influences of the remedy I would like to have reported.

These assist very materially and in fact are essential in making up an exact report on the action of lobelia.

DON'T FORGET THE ILLINOIS MEETING.

It is especially desirable that there be a full turn out at our meeting this year which is held at Springfield on the 17th, 18th and 19th of May.

The president, Dr. Lowrance, has worked the year through for an enthusiastic session. The occasion demands a full meeting; the opportunity is an unusual one. Much of the entire session will be devoted to therapeutics and practice. The benefits to be derived are very great. Let no member fail to be present. We have not the official announcements at hand, but we have stated the facts.

Don't fail to be there.

CONSULTING THE EDITOR

Since I first started this journal, the correspondence I have had with our subscribers for advice concerning their patients has been an important and respunsible part of my correspondence, and has finally grown to take a great deal of my time. So much time, that now it becomes necessary for me to ask all of those who write for advice, that is not to be published in the journal, or that demands an immediate personal reply, to accompany the request with a small fee of two dollars, to cover only the amount of time occupied. The fee is too small to be called a fee, but it will in part compensate for the amount of time required which. must necessarily be taken from other important business.

I am sure this will meet with the approval of the very many subscribers, who seem to desire my advice in the treatment of obscure cases.

TODAY

Doctor! A few only have not yet ordered The Therapeutist continued for 1910. Are you one of that few?

This is the last number we can send you if you are to comply with the post officeregulations,

We dont want to drop you Doctor. We need you; you need The Therapeutist. Send us a letter, today, please.

We regret indeed to record the death of Dr. G. H. Doss of Atlanta, Ga., which occurred the latter part of March. The doctor was but 36 years old, the enthusiastic secretary of the state and first in every advancement of the cause of his state. He is very widely mourned, and his loss is felt extremely by the society and by his wide circle of friends.

NOTICES.

There is an excellent opportunity for a physician at Richland, Ore. Full information can be had by writing the postmaster.

For Sale.-A paying practice which will be turned over to the purchaser who will take a good electrical outfit and office fixtures. Object for leaving to take up a specialty in a large city.

G. R. **COOPER, M. D.**
Childress, Texas.

One of our enthusiastic subscribers has lost his library by fire. Would like to purchase the first, second and third years of **THE THERAPEUTIST. Are there any of our readers who would be willing to furnish them to the doctor. Please address this office stating the price.**

Any doctor desiring to locate in the South will find a good opening at Foreman, Ark. Address D. C. Saunders, M. D., for particulars.